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COUNTY BOROUGH OF SWANSEA.

# ANNUAL REPORT

of the

**Medical Officer of Health**

and

**School Medical Officer**

**FOR THE YEAR**

**1952**



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## GENERAL STATISTICS.

Area of the Borough in acres excluding Foreshore	...	21,600
Area of the Borough in acres including Foreshore	...	24,241
Population 1931 Census	...	164,797
Population 1951 Census (provisional)	...	160,832
Population Mid-1952 Registrar General's Estimate	...	160,400
No. of occupied structurally separate dwellings Census 1931	...	34,850
No. of inhabited houses, according to Rate Books 1952 (31st March)	...	41,025
No. of dwelling houses connected to water supply 1952 (31st March) (Estimate)	...	41,000
No. of persons per occupied structural separate dwelling (Census 1931)	...	4.7
No. of persons per house 1952 (Estimated)	...	3.9
No. of persons per acre 1952	...	7.4
Rateable Value - 1st April, 1952	...	£1,068,535
Sum represented by a Penny Rate - Nett	...	£4,248

### Population, Births and Deaths.

#### Population.

The mid-year population estimated by the Registrar General is 160,400 an increase of 400 over the previous year, but still a little less than the 1951 Census figure 160,832. There was a natural increase of 551 in the population as compared with 363 for the previous year.

#### Births.

The number of live births registered during the year was 2,440, a rate of 15.2 per 1,000 population. The comparative figures for 1951 were 2,453 and 15.3. It will be observed that there is a small reduction in the number of births and the rate in comparison with that for the previous year. The area comparability factor ( - the A.C.F. is a standardising factor issued by the Registrar-General to eliminate the influence of unusual age and sex distribution of a population in order that the rates in different localities can be accurately compared - ) is 1.01 giving a standardised rate of 15.4. The rate for England and Wales was 15.3.

The number of still-births registered was 63 and the rate 0.39 per 1,000 population. This was an increase on the previous year which was 54 and 0.34 per 1,000 population. The rate for England and Wales was 0.35 per 1,000 population.

#### Deaths.

##### All Causes.

The number of deaths registered during the year was 1,889 and the rate 11.8 per 1,000 population. The Area Comparability Factor is 1.06 and the standardised rate 12.5. For the previous year the number of deaths was 2,090 and the crude rate 13.1 (standardised 13.9). The rate for England and Wales for 1952 was 11.3.

The total deaths from tuberculosis was 55 (51 respiratory and 4 non-respiratory) and is the lowest number recorded. This was less than the previous year when 73 persons died from tuberculosis. Nevertheless the combined rate per 1,000 population at 0.34 is still higher than England and Wales 0.24.

Deaths from all forms of malignant neoplasms totalled 346, 10 less than the previous year. 56 (50 males and 6 females) i.e. approximately a sixth of this number died from malignant neoplasms of the bronchus and lung.

# BIRTHS AND DEATHS REGISTERED DURING THE YEAR.

## LIVE BIRTHS.

		<u>Total.</u>	<u>Legitimate.</u>	<u>Illegitimate.</u>
Males	...	1,251	1,191	60
Females	...	1,189	1,155	34
TOTAL	...	2,440	2,346	94

## STILL BIRTHS.

Males	...	31	30	1
Females	...	32	29	3
TOTAL	...	63	59	4

## ALL BIRTHS.

TOTAL	...	2,503	2,405	98
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## D E A T H S.

### INFANTS UNDER ONE YEAR OF AGE.

Males	...	54	50	4
Females	...	35	34	1
TOTAL	...	89	84	5

### INFANTS UNDER FOUR WEEKS OLD.

Males	...	33	31	2
Females	...	20	20	-
TOTAL	...	53	51	2

### \* DEATHS ALL CAUSES.

Males	...	1,044
Females	...	845
TOTAL	...	1,889

### MATERNAL DEATHS.

1.

\* The figure for deaths includes those members of the Armed Forces who were stationed in the area.

BIRTH-RATES, DEATH-RATES, ANALYSIS OF MORTALITY, MATERNAL MORTALITY  
AND CASE-RATES FOR CERTAIN INFECTIOUS DISEASES IN THE YEAR 1952.

In the following tables the rates are based on home population figures (i.e. including members of the Armed Forces stationed in the area)

			England and Wales	160 County Boroughs & Great Towns (includ- ing London.)	160 Smaller Towns (Resident population 25,000 - 50,000 at 1951 Census)	London Admin- istra- tive County.	Swansea
Rates per 1,000 Home Population							
<b>BIRTHS.</b>							
Live births	...	...	15.3	16.9	15.5	17.6	15.2
Still births	...	...	0.35	0.43	0.36	0.34	0.39
<b>DEATHS.</b>							
All Causes	...	...	22.6(a)	24.6(a)	23.0(a)	19.2(a)	25.17(a)
Typhoid and paratyphoid	...	...	11.3	12.1	11.2	12.6	11.8
Whooping Cough	...	...	0.00	0.00	0.00	-	-
Diphtheria	...	...	0.00	0.00	0.00	0.00	-
Tuberculosis	...	...	0.24	0.28	0.22	0.31	0.34
Influenza	...	...	0.04	0.04	0.04	0.05	0.04
Smallpox	...	...	0.00	-	-	-	-
Acute poliomyelitis (including polioencephalitis)	...	...	0.01	0.01	0.00	0.01	-
Pneumonia	...	...	0.47	0.52	0.43	0.58	0.35
<b>NOTIFICTIONS (CORRECTED).</b>							
Typhoid fever	...	...	0.00	0.00	0.00	0.00	-
Paratyphoid fever	...	...	0.02	0.02	0.03	0.01	0.18
Meningococcal infection	...	...	0.03	0.03	0.03	0.02	0.04
Scarlet Fever	...	...	1.53	1.75	1.58	1.56	1.64
Whooping Cough	...	...	2.61	2.74	2.57	1.66	1.34
Diphtheria	...	...	0.01	0.01	0.03	0.01	-
Erysipelas	...	...	0.14	0.15	0.12	0.14	0.10
Smallpox	...	...	0.00	0.00	0.00	-	-
Measles	...	...	8.86	10.11	8.49	9.23	8.64
Pneumonia	...	...	0.72	0.80	0.62	0.57	0.43
Acute poliomyelitis (including polioencephalitis)	...	...					
Paralytic	...	...	0.06	0.06	0.06	0.06	0.02
Non-paralytic	...	...	0.03	0.03	0.02	0.03	0.07
Food poisoning	...	...	0.13	0.16	0.11	0.18	-
Puerperal fever and pyrexia	...	...	17.87(a)	23.94(a)	10.22(a)	30.77(a)	18.37(a)
<b>RATES.</b>							
All causes under 1 year of age...			27.6(b)	31.2	25.8	23.8	36.0
Enteritis and diarrhoea under 2 years of age	...	...	1.1	1.3	0.5	0.7	2.5

MATERNAL MORTALITY IN ENGLAND & WALES.						SWANSEA.	
Intermediate List No. and Cause.	No. of Deaths	Rates per 1,000 Total (live and still births).	Rates per million women aged 15 - 44.	No. of Deaths	Rates per 1,000 Total (live and still births).		
5 Sepsis of pregnancy, childbirth and the puerperium	61	0.09		1	0.40		
6 (Abortion with toxæmia (Other toxæmias of preg- nancy & the puerperium	13	0.02	1	-	-		
7 Haemorrhage of pregnancy and childbirth	147	0.21		-	-		
8 Abortion without mention of sepsis or toxæmia	59	0.09		-	-		
9 Abortion with sepsis	31	0.04	3	-	-		
10 Other complications of pregnancy, childbirth and the puerperium.	47	0.07	5	-	-		
	138	0.20		-	-		

(a) Per 1,000 Total (Live and Still) Births.

(b) Per 1,000 related live births.



MAIN CAUSES OF DEATH SUPPLIED BY THE REGISTRAR GENERAL, CLASSIFIED ACCORDING TO AGE GROUPS & SEX.

Cause of Death.	Sex	AGE GROUPS.						Total in Sexes	Total each Cause.
		Under 1	1-	5-	15-	25-	45-	65-	75-
1. Tuberculosis - respiratory	M. ...	-	-	-	6	11	15	7	-
2. " - other	F. ...	-	-	-	3	2	7	-	-
3. Syphilitic disease	M. ...	-	-	-	-	-	-	1	-
4. Diphtheria	F. ...	-	-	-	2	1	-	-	-
5. Whooping Cough	M. ...	-	-	-	-	-	3	2	1
6. Meningococcal infections	F. ...	-	-	-	-	-	-	1	-
7. Acute poliomyelitis	M. ...	-	-	-	-	-	-	-	-
8. Measles	F. ...	-	-	-	-	-	-	-	-
9. Other infective and parasitic diseases	M. ...	-	-	-	-	-	-	-	-
10. Malignant neoplasm, stomach	F. ...	-	-	-	-	-	-	-	-
11. " " lung, bronchus	M. ...	-	-	-	-	-	-	-	-
12. " " breast	F. ...	-	-	-	-	-	-	-	-
13. " " uterus	F. ...	-	-	-	-	-	-	-	-
14. Other malignant and lymphatic neoplasms	M. ...	-	-	-	-	-	-	-	-
15. Leukaemia, aleukaemia	F. ...	-	-	-	-	-	-	-	-
16. Diabetes	M. ...	-	-	-	-	-	-	-	-
17. Vascular lesions of nervous system	F. ...	-	-	-	-	-	-	-	-
18. Coronary disease, angina	M. ...	-	-	-	-	-	-	-	-
19. Hypertension with heart disease	F. ...	-	-	-	-	-	-	-	-
20. Other heart disease	M. ...	-	-	-	-	-	-	-	-

Cause of Death.	Sex	AGE GROUPS.							Total in Sexes	Total each Cause
		Under 1	1-5	5-15	15-25	25-45	45-65	65-75		
21. Other circulatory disease	M. ...				1	14	11	21	47	79
	F. ...		1	1	-	3	10	17	32	
22. Influenza	M. ...				-	-	2	-	2	7
	F. ...				-	1	2	2	5	
23. Pneumonia	M. ...	10			-	7	8	4	29	57
	F. ...	10			-	6	4	8	28	
24. Bronchitis	M. ...	1			1	32	33	26	94	130
	F. ...	1			-	5	7	23	36	
25. Other diseases of respiratory system	M. ...				2	7	3	2	14	21
	F. ...				1	2	1	3	7	
26. Ulcer of stomach and duodenum	M. ...				-	7	7	1	15	18
	F. ...				-	1	1	1	3	
27. Gastritis, enteritis and diarrhoea	M. ...				-	-	1	1	6	16
	F. ...	3		1	-	-	1	-	3	
28. Nephritis and nephrosis	M. ...	3		1	-	-	2	1	10	21
	F. ...	3	1	1	3	1	8	2	13	
29. Hyperplasia of prostate	M. ...				-	4	1	3	8	24
30. Pregnancy, childbirth, abortion	F. ...				-	2	6	16	24	1
31. Congenital malformations	M. ...				-	-	-	-	1	24
	F. ...	8			-	3	-	-	13	
32. Other defined and ill-defined diseases	M. ...	6			-	2	1	1	11	185
	F. ...	27	1	1	6	12	20	25	92	
33. Motor vehicle accidents	M. ...	13			5	20	19	33	93	6
	F. ...	-			-	1	-	1	4	
34. All other accidents	M. ...				-	1	-	-	2	34
	F. ...	4	1	3	4	5	1	3	22	
35. Suicide	M. ...	2			-	1	1	5	12	10
	F. ...	-			3	2	-	-	6	
36. Homicide and operations of war	M. ...				-	-	-	-	4	1
	F. ...				-	-	-	-	1	
Total in Sexes	M. ...	54	5	15	55	308	310	291	1,044	-
	F. ...	35	7	12	38	189	225	335	845	-
TOTAL ALL GROUPS		89	12	27	93	497	535	626	-	1,889

DEATHS OF INFANTS UNDER ONE YEAR OF AGE, CLASSIFIED ACCORDING TO AGE, SEX AND CAUSE OF DEATH, AS SUPPLIED BY THE REGISTRAR GENERAL.

Int. List No.	Infantile Causes.	Sex	Under 1 day	1-6 days	1 week	2 weeks	3 weeks	Total under 4 wks	1-2 mths	3-5 mths	6-8 mths	9-11 mths	All Ages
001-008	Tuberculosis of Respiratory System.	M. F.											
009-019	Tuberculosis - Other	M. F.											
020-029	Syphilis	M. F.											
040, 041	Typhoid and Paratyphoid Fevers	M. F.											
055	Diphtheria	M. F.											
056	Whooping Cough	M. F.											
057	Meningococcal Infection	M. F.	-	-	-	-	-	-	-	1	-	-	1
085	Measles	M. F.											
390-398	Diseases of Ear & Mastoid Antrum	M. F.	-	-	-	-	-	-	-	1	-	-	1
480-483	Influenza	M. F.											
490-493	Pneumonia	M. F.	1	-	2	1	1	5	2	2	1	2	10
500-502	Bronchitis	M. F.	-	-	-	-	-	-	5	1	2	-	10
543	Gastritis and Duodenitis	M. F.	-	-	-	-	-	-	-	1	-	1	1
560, 561	Hernia, Intestinal Obstruction	M. F.	1	-	-	-	-	1	-	1	-	-	2
570	Gastro-Enteritis, Diarrhoea	M. F.	-	-	-	-	-	-	3	-	-	-	3
571, 764	Congenital Malformation	M. F.	-	-	-	-	-	-	1	-	-	-	2
750-9		M. F.	2	3	-	2	-	5	3	-	1	-	8
			-										6

Int. List No.	Infantile Causes.	Sex	Under 1 day	6 days	1 week	2 weeks	3 weeks	Total under 4 wks.	1-2 mths.	3-5 mths.	6-8 mths.	9-11 mths.	All ages.
760,761	Injury at Birth	M. . . .	2	3	-	-	-	5	-	-	-	-	5
762	Post-Natal Asphyxia and Atelectasis	F. . . .	1	2	-	-	-	3	-	-	-	-	3
773	Congenital Debility & Other Ill-Defined Diseases of Early Infancy	M. . . .	2	1	-	-	-	2	1	1	-	-	3
774,776	Prematurity, Immaturity	F. . . .	6	5	-	-	-	11	-	-	-	-	2
Rem of 760-776	Other Diseases of Early Infancy	M. . . .	3	3	-	-	-	6	-	-	-	-	11
780-2	Convulsions	F. . . .	1	1	-	-	-	2	-	-	-	-	6
926	Lack of Care of Newborn	M. . . .	-	-	-	1	-	1	2	1	2	-	2
Rem.	All other Causes	F. . . .	-	-	-	-	1	1	1	-	-	-	3
	TOTAL IN SEXES	M. . . .	13	14	2	2	2	33	11	7	3	-	54
		F. . . .	6	9	-	3	2	20	7	2	3	3	35
	TOTAL ALL GROUPS		19	23	2	5	4	53	18	9	6	3	89

NUMBER OF DEATHS OF CHILDREN UNDER FIVE YEARS OF AGE, WITH THE PROPORTION OF ALL DEATHS AND THE RATE PER 1,000 PERSONS ALIVE FOR THE PERIOD 1943 - 1952.

Year.	Number of Deaths.		Total deaths all ages	Rate per cent. of total deaths	Population	Rate per 1,000 population
	Under one year	One and under 5				
1943	117	30	1,832	8.0	137,000	1.0
1944	104	30	1,738	7.7	138,090	0.9
1945	102	20	1,756	6.9	139,950	0.9
1946	86	19	1,789	5.8	148,940	0.7
1947	148	24	1,966	8.7	152,290	1.1
1948	113	21	1,753	7.6	158,000	0.8
1949	122	25	1,984	7.4	160,100	0.8
1950	84	16	1,954	5.1	161,700	0.6
1951	77	15	2,090	4.4	160,000	0.6
1952	89	10	1,889	5.2	160,400	0.6



VITAL STATISTICS FOR THE PERIOD 1943 - 1952.

Year	REGISTERED BIRTHS.				REGISTERED DEATHS.									
	Population estimated to middle of each year.				Belonging to the District and supplied by the Registrar General for the calendar year.									
	Live.		Still.		Infant.		Diarrhoea and Enteritis under 2 years		Child Mortality under 5 years		Maternal		All Ages	
	Number	Rate (a)	Number	Rate (a)	Number	Rate (b)	Number	Rate (b)	Number	Rate (a)	Number	Rate (c)	Number	Rate (a)
1943	2,414	17.62	80	0.58	117	48	9	3.73	147	1.0	4	1.60	1,832	13.37
1944	2,639	19.11	75	0.54	104	39	6	2.27	134	0.9	4	1.47	1,738	12.58
1945	2,271	16.23	76	0.54	102	45	4	1.76	122	0.9	2	0.85	1,756	12.54
1946	2,915	19.60	86	0.58	86	30	7	2.40	105	0.7	3	1.00	1,789	12.00
1947	3,350	22.00	100	0.65	148	44	11	3.28	172	1.1	5	1.45	1,966	12.90
1948	2,868	18.10	69	0.44	113	39	12	4.18	134	0.8	2	0.68	1,753	11.10
1949	2,713	16.90	80	0.50	122	45	12	4.42	147	0.9	3	1.07	1,984	12.40
1950	2,541	15.70	58	0.36	84	33	2	0.80	100	0.6	4	1.53	1,954	12.10
1951	2,453	15.30	54	0.34	77	31	4	1.60	92	0.6	1	0.40	2,090	13.10
1952	2,440	15.21	63	0.39	89	36	6	2.46	99	0.6	1	0.40	1,889	11.77

(a) Rate per 1,000 population.

(b) Rate per 1,000 live births.

(c) Rate per 1,000 all births (live and still).



## INFECTIOUS DISEASES.

### General.

The number of cases notified during the year was 2,072, a reduction on the figure of 2,792 for the previous year. The greatest proportion of cases was for measles, in respect of which 1,387 notifications were received. Scarlet Fever accounted for 263 notifications and Whooping Cough 215.

### Dysentery.

An outbreak of Dysentery was discovered in the Cwmrhydyceirw, Pentrepoeth and Morriston districts of Swansea on the 28th May, 1952, by one of the School Nurses who was paying a routine visit to the Pentrepoeth Nursery School before the school closed for the Whitsun Holidays. Upon making enquiries at the school, she was informed that some of the children had been ailing for the past fourteen days, showing symptoms of diarrhoea, and there were, at the time of her visit, pupils at home suffering from it. As a result of investigations it was decided to exclude from school all children who showed symptoms. The Head Mistress was informed that no one was to be re-admitted to school unless it was by a re-admission certificate issued from this Department. It is also of interest to point out at this stage that the school was closed from the evening of the 30th May, until the morning of the 9th June, and this may have been a contributory factor in arresting the spread of the disease. The food which was used to provide the school meals was bacteriologically examined and, in all cases, negative findings were received.

In the meantime, the children and their families were investigated, and 9 cases of Sonne Dysentery were discovered, three being adults. The affected children were excluded from school together with a child from a family where the mother and father were positive, and who carried on a Greengrocer's business. It was decided not to close the shop on the strict understanding that they received treatment and that particular attention had to be paid to their personal hygiene. The premises were kept under strict observation and routine stool samples taken. No child was re-admitted to school until three consecutive negatives had been received at three-day intervals. The 9 cases reported positive were eventually declared free.

### Para-Typhoid Fever.

In common with many other local authorities in South and West Wales there was an outbreak of para-typhoid within this authority from the 5th June to the end of October. Dr. A.R. Culley, the Medical Member of the Welsh Board of Health, has published an article on the history of this outbreak in "The Medical Officer", (1953), and only a few brief particulars are therefore included in this report. During the whole course of the outbreak the Department was in constant communication with the Welsh Board of Health.

48 cases were investigated on which 29 were diagnosed as true cases. Some 450 contacts submitted stool and urine specimens (in many cases 3 specimens were called for in respect of each contact at three-day intervals). The number of contacts was high because investigations were made at one school holiday camp and at a nursery school. It was considered necessary to close the school holiday camp because of the unsatisfactory water supply, although this was not found to contain any para-typhoid organisms. Routine milk and water samples were taken in all cases as well as very extensive food sampling including all types of cream and ice-cream, butter, yeast, shellfish, fruit, dried

egg and meat pies. Bubble gum was also sampled - this in view of the fact that a number of young children were being investigated and bubble gum was a very popular sweet "off points" and cheap. Pigeon manure was also submitted for examination as well as a number of flies. I regret to say that despite all this work no agent was found.

Seven cases were notified between the 15th and 19th September, all of which occurred in one area in the eastern part of the town and living in close proximity to one another. It was ascertained that in 6 of these cases, cakes which had been consumed had been purchased in a confectioners' shop in the centre of the town. In the seventh case no cakes had been consumed and, peculiarly, this case was not confirmed. The shop in question was visited and, after discussing the matter with the Manager, it was arranged for all nine members of the staff to have blood tests. Incidentally, samples were taken of all the paper wrappers used in the shop and these were submitted for bacteriological examination, all proving negative. On the 28th September the results of the first five members of the staff were received and it was discovered that one member produced a positive reaction. It was ascertained that this person had received T.A.B. inoculation in the Army and he readily consented to a second test. On the 30th September the results of the remaining four tests were received and one other member of the staff was discovered positive. This member also agreed to a second test. These tests were carried out on the 2nd October, the results being received on the 6th October. In one case it was noticed there was a rising titre from 1/125 to 1/800 in a week and it was taken as a fairly definite case. The other case was declared satisfactory. The case that was ascertained was employed as a baker and he was admitted to Hill House Hospital on the 7th October. When enquiries were made at this man's home it was discovered that, unknown to his employer in the centre of the town, he was also part-time employed in a bakery in another part of the town. Neither employer knew of these circumstances. Enquiries were made at this other bakery, but the same degree of co-operation was not forthcoming. However, the five members of the staff at this latter bakery agreed to samples of stools and urine being taken and all were returned negative. Stool and urine specimens were also taken from the families of both cases who had originally returned positive Widal tests but nothing abnormal was found. Several cases of suspected para-typhoid were investigated after this, all of which proved negative, and particular attention was paid to any link, however small, with any of these confectioners. No such link was found.

During the whole period of the outbreak there was very close co-operation between the local authorities and a strict control was maintained of all those visitors to the town who had unfortunately become contacts of the disease.

In conclusion I would like to record my appreciation of the co-operation that was received from most families and also from the traders in the town who readily agreed to any suggestion on my part.

#### Food Poisoning.

I am glad to be able to report that no case of food poisoning was recorded during the year.

#### Acute Poliomyelitis.

16 cases of acute poliomyelitis were confirmed during the year, four of which were paralytic. 13 of the cases were in respect of children under 15 years of age, seven of these cases being in children under five and all four paralytic cases were in this group. Males were attacked in 12 cases and females in 4 cases.



Numbers of all cases of infectious and other notifiable diseases originally notified during the year 1953 and of the final numbers according to sex and age after corrections subsequently made either by the Notifying Medical Practitioner or by the Medical Superintendent of the Infectious Diseases Hospital.

	Scarlet Fever		Whooping Cough		Acute Poliomyelitis.				Measles (excluding rubella)		Diphtheria.	
	M	F	M	F	Paralytic		Non-paralytic		M	F	M	F
Numbers originally notified -												
Total (All ages) ...	133	130	102	121	2	2	10	3	700	690	-	-
Final numbers after correction												
Under 1 year ...	-	1	14	10	1	-	-	-	27	24	-	-
1-2 years ...	20	6	27	38	1	-	1	-	128	126	-	-
3-4 years ...	49	36	32	32	1	1	2	-	195	200	-	-
5-9 years ...	61	79	25	33	-	-	4	-	327	305	-	-
10-14 years ...	2	8	-	3	-	-	2	-	18	18	-	-
15-24 years ...	-	1	-	-	-	-	-	2	2	11	-	-
25 and over ...	-	-	-	1	-	-	-	1	2	4	-	-
Age unknown ...	-	-	-	-	-	-	-	-	-	-	-	-
Total (All Ages) ...	132	131	98	117	3	1	9	3	699	688	-	-
	Ac. pneumonia.		Dysentery.		Small-pox.		Acute encephalitis.				Enteric or Typhoid fever.	
	M	F	M	F	M	F	Infective.		Post infectious		M	F
Numbers originally notified -												
Total (All Ages) ...	39	32	4	3	-	-	1	-	-	2	-	-
Final numbers after correction												
Under 5 years ...	14	13	4	3	-	-	-	-	-	1	-	-
5-14 years ...	3	6	3	2	-	-	-	-	-	1	-	-
15-44 years ...	6	6	2	1	-	-	1	-	-	-	-	-
45-64 years ...	12	4	-	-	-	-	-	-	-	-	-	-
65 and over ...	5	5	-	-	-	-	-	-	-	-	-	-
Age unknown ...	-	-	-	-	-	-	-	-	-	-	-	-
Total (All Ages) ...	40	34	9	6	-	-	1	-	-	2	-	-
	Paratyphoid fevers		Erysipelas		Meningococcal infection.		Food poisoning.		Other notifiable diseases /			
	M	F	M	F	M	F	M	F	Original		Final	
Numbers originally notified									M	F	M	F
Total (All Ages) ...	15	12	6	11	4	2	-	1				
Final numbers after correction									Puerperal pyrexia			
Under 5 years ...	2	1	-	-	3	2	-	-	-	46	-	46
5-14 years ...	5	9	1	-	1	-	-	-	Ophthalmia neonatorum			
15-44 years ...	6	2	1	2	-	-	-	-				
45-64 years ...	2	-	3	4	-	-	-	-				
65 and over ...	1	1	1	5	-	-	-	-				
Age unknown ...	-	-	-	-	-	-	-	-				
Total (All Ages) ...	16	13	6	11	4	2	-	-				

/ Specify Disease and Sex but not age.

THE NUMBER OF CASES OF CERTAIN INFECTIOUS DISEASES NOTIFIED DURING THE PERIOD 1943-1952.

Disease.	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952
Scarlet Fever	216	313	155	149	328	688	509	434	251	263
Diphtheria	231	122	35	14	10	2	-	-	-	-
Ophthalmia Neonatorum	7	29	30	31	44	21	19	7	7	1
Erysipelas	27	24	19	11	17	40	38	33	18	17
Puerperal Pyrexia	29	39	43	42	40	30	29	16	26	46
Pneumonia	71	95	111	73	76	53	69	80	132	74
Meningococcal Infection	22	25	6	9	5	3	4	2	7	6
Dysentery	3	22	53	56	28	33	1	36	37	15
Whooping Cough	264	272	207	265	343	530	439	334	678	215
Typhoid Fever	1	-	-	2	-	-	-	-	-	-
Para-typhoid Fever	1	2	-	3	-	-	-	-	-	29
Acute Encephalitis (Infective)	-	-	-	-	-	-	-	-	1	1
(Post Infectious)	-	-	-	-	-	-	-	-	-	2
Measles	1,797	340	1,891	48	2,471	482	1,552	1,580	1,608	1,387
Polio myelitis	-	-	3	2	31	11	30	48	25	16
Malaria	-	-	-	1	2	-	-	4	-	-
TOTAL	2,714	1,283	2,553	706	3,395	1,893	2,690	2,574	2,792	2,072

New Cases of Tuberculosis notified during the year in accordance with the Public Health (Tuberculosis) Regulations, 1952.

Forms of Tuberculosis.	FORMAL NOTIFICATIONS.													
	No. of Primary Notifications of new cases of Tuberculosis.													TOTAL (All Ages)
	0-	1-	2-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	
Pulmonary Tuberculosis:-														
Males	-	1	-	-	-	6	13	14	16	13	15	6	1	85
Females	-	-	2	-	3	9	13	15	7	6	4	2	1	62
Other Forms of Tuberculosis:-														
Males	1	-	1	2	3	1	4	-	2	-	4	2	-	20
Females	1	-	1	1	1	1	1	3	1	2	-	-	1	13
TOTAL	2	1	4	3	7	17	31	32	26	21	23	10	3	180

New Cases coming to the knowledge of the Health Department otherwise than by Formal Notifications.

Pulmonary:-														
Males	...	...	...	...	...	...	...	...	...	...	...	...	...	7
Females	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Non-Pulmonary:-														
Males	...	...	...	...	...	...	...	...	...	...	...	...	...	-
Females	...	...	...	...	...	...	...	...	...	...	...	...	...	-
TOTAL														
	...	...	...	...	...	...	...	...	...	...	...	...	...	8

The source or sources from which the information as to the afore-mentioned cases was obtained is stated below.

Source of Information.	Number of Cases.	
	Respiratory	Non-Respiratory
Death Returns - From Local Registrars	4	-
Death Returns - Transferable from Registrar General	-	-
Posthumous Notifications	4	-
"Transfers" from other areas (other than Transferable Deaths)	-	-
Other Sources	8	-



# VENEREAL DISEASES.

(See also Page 91 ).

## Auxiliary Centre for the treatment of Mothers and Children.

9 new cases of syphilis and 41 new cases of gonorrhoea were dealt with during the year. Of these, only 2 cases of gonorrhoea were in the acute stage. Apart from one case of congenital syphilis who was over 15 years of age, the cases of syphilis were all in the late stages. 3 patients, who had been treated for syphilis were discharged, cured, during the year.

12 patients who are being treated for syphilis were confined during the year. 10 of these returned after confinement and in each case the child was healthy and W.R. negative. One defaulted during pregnancy and was not seen after. One completed treatment during pregnancy but has refused to bring the baby for examination.

## Age and Sex Distribution of cases under treatment or observation at the beginning and end of the year.

	Syphilis.			Gonorrhoea.		Other conditions.			TOTAL.	
	Males	Females.		Females		Males	Females		Males	Fe- males
	under 15.	Under 15.	Adults	Under 15	Adults	under 15.	Under 15.	Adults.		
January 1st	-	2	28	-	4	-	-	75	-	109
December 31st	1	-	32	-	18	-	-	45	1	95

The new cases dealt with during the year were obtained from the following sources:-

Ante-Natal Clinics	...	180
Post-Natal Clinics	...	17
Infant Welfare Clinics	...	5
Orthopaedic Clinic	...	1
School Medical Inspection	...	5
Private Practitioners	...	2
Other Members of Family	...	1
Midwives	...	5
Children's Officer	...	3
Transferred from other centres	...	3
		<hr/>
		222
		<hr/>

\*

\* This figure does not agree with the figure of 227 the total of item 3 of the table on page 16 The table on page 16 refers to conditions diagnosed, not cases dealt with.

WORK OF THE AUXILIARY CLINIC FOR THE DECADE 1943 - 1952.

Year	Number of New Cases.				Number of Cases cured or diagnosed as other conditions.				Number of Patients dealt with during the year.				Attendances.			Average Attendance per patient.	Percentage of Total Attendances at M.O's Clinic.
	S.	G.	O.C.	T.	S.	G.	O.C.	T.	S.	G.	O.C.	T.	At Medical Officer's Clinics.	For Intermediate Treatment by Nurses.	Total		
1943	51	72	403	526	6	15	185	206	126	122	516	764	5,216	665	5,881	7.7	88.9
1944	12	39	367	418	9	19	142	170	102	107	512	721	6,125	625	6,750	9.4	90.7
1945	10	55	288	353	10	19	105	134	93	108	428	629	4,716	501	5,217	8.3	90.4
1946	18	40	352	410	11	8	76	95	90	76	469	635	4,454	392	4,846	7.6	91.9
1947	13	33	296	342	9	4	76	89	75	71	458	604	2,998	273	3,271	5.4	91.7
1948	15	20	310	345	18	5	88	111	71	32	416	519	3,330	273	3,603	6.9	92.4
1949	6	57	212	275	8	11	237	256	50	63	331	444	3,709	201	3,910	8.8	94.8
1950	11	61	233	305	7	22	234	263	50	92	322	464	3,912	281	4,193	9.0	93.3
1951	9	25	228	262	5	18	264	287	44	54	345	443	3,898	288	4,186	9.4	93.1
1952	9	41	177	227	3	3	228	234	42	46	280	368	2,940	219	3,159	8.6	96.2

S - Syphilis; G - Gonorrhoea; O.C. - Other Conditions; T - Total.





# VENEREAL DISEASES (Continued).

	Swansea Cases seen at the Swansea Hospital Clinic.				Swansea Cases seen at the Auxiliary Clinic.				Total of Swansea Cases.				Seamen seen at the Swansea Hospital Clinic.			
	S.	G.	O.C.	T.	S.	G.	O.C.	T.	S.	G.	O.C.	T.	S.	G.	O.C.	T.
5. No. of patients suffering from syphilis and gonorrhoea discharged after completion of treatment and final tests of cure or who were diagnosed as 'other conditions'.	37	75	139	251	3	3	228	234	40	78	367	485	6	44	91	141
6a. No. of patients who ceased to attend before completion of treatment and were suffering from:-	16	-	-	16	4	-	-	4	20	-	-	20	-	-	-	-
(i) Acquired Syphilis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(ii) Congenital Syphilis (under 1 yr)	-	-	-	-	1	-	-	1	1	-	-	1	-	-	-	-
(iii) "	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(iv) Gonorrhoea	-	1	-	1	-	-	-	-	-	1	-	1	-	-	-	-
6b. No. of patients under treatment or observation known to have died:-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(i) From Syphilis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(ii) From Treatment	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(iii) From Other Causes	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7. No. of patients suffering from:-	6	-	-	6	1	-	-	1	7	-	-	7	-	-	-	-
(i) Syphilis who defaulted after completion of treatment but before final discharge	-	16	-	16	-	25	-	25	-	41	-	41	-	-	-	-
(ii) Gonorrhoea	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8. No. of patients transferred to other centres or institutions or to private practitioners.	8	1	-	9	-	-	7	7	8	1	7	16	13	62	27	102
9. No. of patients remaining under treatment or observation on the 31st Dec.	69	23	65	157	33	18	45	96	102	41	110	253	9	34	36	79
TOTAL	136	116	204	456	42	46	280	368	178	162	484	824	28	140	154	322
10. Number of attendances:-	573	210	281	1064	391	239	2310	2940	964	449	2591	4004	18	118	114	250
(i) for individual attention of Medical Officers	488	417	560	1455	-	63	156	219	488	480	716	1684	48	191	237	476
(ii) for intermediate treatment, e.g. dressings, etc.	1061	627	841	2529	391	302	2466	3159	1452	929	3307	5688	66	309	351	726
TOTAL ATTENDANCES																

S - Syphilis; G - Gonorrhoea; O.C. - Other Conditions; T - Total.

GYNÆCOLOGICAL CLINIC.

(See also page 91 ).

No. of sessions held by Medical Officer	...	52
No. of sessions attended by Consultant Gynaecologist	...	12
Total No. of Sessions	...	64

Attendances.

New cases	...	199
Old cases	...	1,192
No. seen by Consultant	...	156

New cases - reasons for attending:-

Birth Control	...	28
Sterility	...	36
Menstrual disorders	...	16
Prolapse	...	22
Cervical Erosion	...	20
Vaginitis	...	9
Others	...	59
		<hr/> 199 <hr/>

NATIONAL ASSISTANCE ACT, 1948.

A report on the Local Authority Services provided  
under Parts III & IV of the Act.

Residential Accommodation.

This Authority continued to use the accommodation available at Mount Pleasant Hospital in Blocks 1, 5, 7, 9 and 10 (a total of 215 Beds) but with the opening of 3 new Homes for the Aged during the year, we were able to reduce the number in residence at Mount Pleasant to approximately 150 by the end of the year.

"Earlsmoor," Bryn Road the first Home for the Aged, continued to be fully occupied by 28 males throughout the year during which we were able to open the following additional Homes:-

February, 1952 - "Tuxedo," Eaton Crescent	- Females 31 Beds.
August, 1952 - "Ingledene," Eaton Crescent	- Females 21 Beds.
November, 1952 - Norton Lodge, Mumbles	- Males 20 Beds.

The opening of Norton Lodge was the halfway mark in the Council's programme of Homes for the Aged and to mark the occasion, the Home was formally opened by His Worship the Mayor on the 21st November, 1952.

The following is a press comment on the occasion:-

"Norton Lodge purchased by the Corporation in October, 1951, for the sum of £4,500 and adapted at a very moderate figure is the fourth Home for the Aged to be opened in Swansea. Earlsmoor, Bryn Road, opened in July, 1951, accommodates 28 Male residents, while Tuxedo and Ingledene, Eaton Crescent, accommodate 31 and 21 Females respectively.

This house having at present 20 Male Residents is thus the half-way mark in the Council's present programme of 7 Homes in Swansea, although the remaining Homes to be opened at Llanthewy, Eaton Crescent, St. Margaret's, Eaton Crescent and West Cross House will provide far more accommodation than the previous three Homes.

Conveniently situated near the main Swansea/Mumbles Road, Norton Lodge stands in its own grounds and, having only two floors, is well suited to the purpose to which it has been adapted. Well constructed and maintained, it has been possible to complete the alterations in a comparatively short time by retaining most of the original features of the building. In fact most of the adaptations consisted of the provision of extra bathroom and lavatory accommodation and re-decoration.

The plans of adaptation were drawn up by the Borough Architect and the work has been carried out by his Central Works Department.

The grounds too have been retained as when the house was a private residence and are being maintained by the Gardener and his assistant who look after all the grounds of our Homes.

There is also a kitchen garden which it is hoped will provide a proportion of the vegetables required by the Home as well as providing some residents with a form of occupation.

Most of the furniture, equipment and linoleum, has been provided by local firms, but some items of furniture etc., are those purchased with the house and have been retained.



The curtains, however, have been made in our Homes at Eaton Crescent by some of the female residents under the direction of the Handicraft Instructress. The residents of Earlsmoor too have played their part by making a number of rugs and lampshades at the Homes.

It is hoped, at a later date, to provide more accommodation by extensions to the house which is well suited for this purpose."

#### Further Homes.

It is hoped during 1953, to open another Home for women at Llanthwy, Eaton Crescent with a further two Homes - one for Men at West Cross House and one for Women at St. Margaret's, Eaton Crescent - during 1954.

#### Temporary Accommodation.

Temporary Accommodation which this authority has a duty to provide for persons who are urgently in need of such, continued to be provided in Mount Pleasant Hospital.

#### Residential and Temporary Accommodation Statistics.

	Male	Female	Children	TOTAL
<u>Mount Pleasant Hospital.</u>				
No. of residents on 31.12.51.	84	83	26	193
No. of Admissions during 1952.	94	90	90	274
No. of Discharges during 1952.	123	108	91	322
No. remaining on 31.12.52.	55	65	25	145

	Males.		Females.		TOTAL
	Earlsmoor	Norton Lodge	Tuxedo	Ingledene	
<u>Homes for the Aged.</u>					
No. of residents on 31.12.51.	28	-	-	-	28
No. admitted during 1952.	18	20	50	30	118
No. discharged during 1952.	19	-	19	6	44
No. remaining on 31.12.52.	27	20	31	24	102

The following are copies of the annual returns submitted to the Welsh Board of Health of persons resident in Residential and Temporary Accommodation on the night of the 1st January, 1952 and 1st January, 1953.

TABLE A - RESIDENTIAL ACCOMMODATION.

Description of Persons.	Persons residing in												Total (cols. 2 to 5).		No. of persons included in cols. 2 to 5 for whose maintenance other local authorities are responsible.		No. of persons (not included in cols. 2 to 5) accommodated by other local authorities for whose maintenance the Council are responsible.	
	Former "mixed" workhouses.		Other premises managed by the Council		Accommodation provided on behalf of the Council by voluntary organisations													
	(2)		(3)		(4)		(5)		(6)		(7)		(8)					
	M	W	M	W	M	W	M	W	M	W	M	W	M	W				
1. Aged ...	-	-	36	25	22	-	1	-	59	25	4	1	2	1				
2. Physically or mentally infirm ✓	-	-	31	25	3	-	-	-	34	25	-	1	1	-				
3. Blind or partially sighted	-	-	3	8	3	-	1	3	7	11	-	-	1	-				
4. Deaf or Dumb ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
5. Epileptics ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
6. Cripples ...	-	-	4	8	-	-	-	-	4	8	-	-	-	-				
Total ...	-	-	74	66	28	-	2	3	104	69	4	2	4	1				
7. Children accompanied by persons over 16 ...																		
8. Children accommodated under the Children Act, 1948.																		
(a) under Section 13(2)																		
(b) under Section 13(3)																		
Total ...																		
GRAND TOTAL	-	-	140		28		5		173		6		5					

✓ Persons whose physical or mental infirmity is ascribable mainly to their old age should be included in item 1., "aged".

TABLE B - TEMPORARY ACCOMMODATION.

Description of Persons.	Persons residing in										No. of persons included in cols. 2 to 6 for whose maintenance other local authorities are responsible.	No. of persons (not included in cols. 2 to 6) accommodated by other local authorities for whose maintenance the Council are responsible.
	Former "mixed" workhouses.		Vested in the Minister as Hospitals		Other premises managed by the Council		Accommodation provided on behalf of the Council by voluntary organisations.		Total (Cols. 2 to 5)			
	(2)		(3)		(4)		(5)		(6)			
	M	W	M	W	M	W	M	W	M	W		
1. Persons over 16												
(a) evicted	-	-	10	15	-	-	-	-	10	15	-	-
(b) others	-	-	2	2	-	-	-	-	2	2	-	1
Total	-	-	12	17	-	-	-	-	12	17	-	1
2. Children accompanied by persons over 16												
(a) Evicted	-	-	22		-		-	-	22		-	-
(b) Others	-	-	4		-		-	-	4		-	5
3. Children accommodated under the Children Act, 1948												
(a) Under Section 13(2)												
(b) Under Section 13(3)												
Total	-	-	26		-		-	-	26		-	5
GRAND TOTAL...	-	-	55		-		-	-	55		1	6

## NOTES.

Columns (2) and (3). - These are premises to which paragraph (7) or (8) of the Sixth Schedule to the Act applies.

Column (4). - These will include all homes for old people, blind persons etc. and all former Poor Law Institutions wholly used for the accommodation of persons other than the sick.



RETURN OF PERSONS RESIDENT ON THE NIGHT OF 1st JANUARY, 1953  
IN ACCOMMODATION PROVIDED UNDER PART III OF THE NATIONAL ASSISTANCE ACT, 1948.

TABLE A - RESIDENTIAL ACCOMMODATION.

Description of Persons	Persons residing in										No. of persons included in cols. 2 to 6 for whose maintenance other local authorities are responsible.				No. of persons (not included in cols. 2 to 6) accommodated by other local authorities for whose maintenance the Council are responsible.			
	Former workhouses				Other premises managed by the Council				Accommodation provided on behalf of the Council by voluntary organisations		Total (Cols. 2 to 5.)		(7)		(8)			
	Caused by the Council		Vested in the Minister as hospitals		M		W		M	W	M	W	M	W	M	W		
	(2)		(3)		(4)		(5)		(6)		(7)		(8)					
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
1. Aged (a) not materially handicapped by infirmity (b) physically or mentally infirm	-	-	25	14	39	34	1	-	65	48	2	1	2	2	1	-		
2. Blind	-	-	8	12	4	8	-	-	12	20	-	1	-	1	1	1		
3. Deaf or Dumb	-	-	3	3	5	7	-	-	8	10	-	-	-	-	-	-		
4. Epileptic	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-		
5. Crippled	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
6. Physically infirm (not being aged)	-	-	2	6	1	2	-	-	3	8	-	-	-	-	-	-		
7. Mentally infirm (not being aged)	-	-	1	3	1	-	-	-	2	3	-	-	-	-	-	-		
Total ...	-	-	43	42	50	54	1	2	94	98	2	4	3	3	4	1		
8. Children accompanied by persons over 16.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
9. Children accommodated under the Children Act, 1948 (a) under Section 13(2) (b) under Section 13(3)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Total ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
GRAND TOTAL	-	-	85	-	104	-	3	-	192	-	6	-	4	-	4	-		

TABLE B - TEMPORARY ACCOMMODATION.

Description of Persons   <
---



#### Arrangements with other Authorities.

(1)	No. of other Authorities Cases in Swansea Homes on 31.12.51.	...	7
	No. of other Authorities Cases in Swansea Homes on 31.12.52	...	4
(2)	No. of Cases in other Authorities Homes on 31.12.51.	...	6
	No. of Swansea Cases in other Authorities Homes on 31.12.52.	...	8

#### Arrangements with Voluntary Bodies.

1 Resident was accommodated by the British Legion by arrangement with this Authority and 2 residents by Glyn Vivian Home of Rest.

#### Registration of Aged Persons and/or Disabled Persons Homes.

A Register of Homes for Aged or Disabled Persons is maintained by this Department and no person may carry on such a Home without being registered.

The Lay Administrative Officer and myself are authorised to inspect these Homes on behalf of this Authority.

The following Homes are registered at present:-

Nazareth House.  
Glyn Vivian Home of Rest.  
Bloomfield Eventide Home.

#### Compulsory Removal of Persons in Need of Care and Attention.

No Compulsory Removals under Section 47 of the Act were made during the year.

#### Care of Property.

The property of 10 persons admitted to Hospital or Part III Accommodation was taken into care. These were cases where there were no relatives or friends to care for the same.

#### Burial of the Dead.

17 Burials were carried out during the year of persons dying within the area of this Authority where no other person was making the necessary arrangements. Full or part cost was recovered in 9 of these cases.

#### Generally.

During the year 683 visits were made by the Welfare Staff to applicants for admission and to other old people in their own homes.

A Register of old persons who should be visited regularly is kept and besides arranging admission to Part III Accommodation, we have been able to assist in the following matters:-

- (1) Securing admission to Hospital.
- (2) Arranging for W.V.S. Meals on Wheels Service to provide hot meals.

- (3) Arrange for District Nurses and the Home Help Service of the Department to be made available.
- (4) Draw attention of the National Assistance Board to cases where financial assistance is needed.
- (5) Generally to assist in the welfare of old people in their own homes.

A Welfare Officer is on call at all hours of day or night and after normal office hours may be contacted by a telephone call to the Ambulance Depot - Telephone No. 4862.

The promotion of organisations interested in the welfare of old people has been encouraged during the year by the payment of grants under Section 31 of the National Assistance Act to Old Age Pensioners' Associations, W.V.S., etc.

Grants were made to 34 such organisations during the year.

## WELFARE OF THE BLIND AND PARTIALLY SIGHTED.

The number of registered blind persons in the borough continues to show an upward trend, there being an increase of twenty five on the register at the end of the year. The increase is still mainly in the older age groups.

It has been easier for the older blind to retain their homes longer owing to the increased domestic help given by the Home Help Service. There has been evidence of a change of attitude towards the residential homes and those who have felt unable to continue to make their own domestic arrangements have appreciated the growing ease of admission to the Homes.

During the year a register of partially sighted persons has been compiled. This register consists of persons who while not qualifying for registration as blind are 'substantially and permanently handicapped by congenitally defective vision' or suffer from 'defective vision of a substantial and permanently handicapping character caused by illness or injury.'

The partially sighted are classified as:-

- (a) Prospective blind.
- (b) Industrially handicapped.
- (c) Requiring observation.

and are re-examined at intervals by the Ophthalmic Surgeon. When treatment is recommended by the Ophthalmic Surgeon the Blind Welfare Officer visits to encourage attendance at the Out-patient Departments.

Where necessary, arrangements are made for the prospectively blind and industrially handicapped to undergo training for alternative employment.

On December 31st, 1952, the number of Partially Sighted persons on the register was 40 and during the year there was one transfer to the Blind Register.

The following Tables relate to the position at the 31st December 1952.

### Blind.

Table I - Age Periods of Registered Blind Persons.

	M.	F.	T.
0	-	1	1
1	-	2	2
2	-	-	-
3	-	-	-
4	-	-	-
5 - 10	1	-	1
11 - 15	1	1	2
16 - 20	1	1	2
21 - 30	5	11	16
31 - 39	11	10	21
40 - 49	12	10	22
50 - 59	22	16	38
60 - 64	23	13	36
65 - 69	21	23	44
70 +	66	108	174
	163	196	359

Table II - Age at onset of Blindness.

	M.	F.	T.
0	13	20	33
1	1	2	3
2	1	1	2
3	-	-	-
4	-	-	-
5 - 10	6	7	13
11 - 15	2	1	3
16 - 20	6	3	9
21 - 30	13	10	23
31 - 39	13	7	20
40 - 49	14	16	30
50 - 59	28	14	42
60 - 64	16	19	35
65 - 69	14	27	41
70 +	36	69	105
	163	196	359

Table III - Blind Persons Registered as New Cases.

	M.	F.	T.
0	-	1	1
1	-	2	2
2	-	-	-
3	-	-	-
4	-	-	-
5 - 10	-	-	-
11 - 15	-	-	-
16 - 20	-	-	-
21 - 30	-	1	1
31 - 39	-	-	-
40 - 49	-	-	-
50 - 59	2	1	3
60 - 64	2	-	3
65 - 69	1	6	7
70 +	13	18	31
	18	30	48

Table IV - Blind Persons Registered as New Cases - Age at onset of Blindness.

	M.	F.	T.
0	1	3	4
1	-	-	-
2	-	-	-
3	-	-	-
4	-	-	-
5 - 10	-	-	-
11 - 15	-	-	-
16 - 20	-	-	-
21 - 30	-	1	1
31 - 39	-	-	-
40 - 49	-	-	-
50 - 59	1	3	4
60 - 64	3	3	6
65 - 69	-	5	5
70 +	13	15	28
	18	30	48

Table V - Occupation of Blind Persons

	M.	F.	T.
Handymen	1	-	2
Home Teachers	1	-	1
House to House Collectors	1	-	1
Basket and Cartworkers	8	-	8
Mat makers	4	-	4
Brick makers	6	-	6
Knitters	-	2	2
Factory Workers	4	-	4
Secretaries and Typists	2	-	2
Artificial flower makers	-	6	6
Travellers	2	-	2
Piano tuners	1	-	1
Mattress makers	6	-	6
Solicitors	1	-	1
Physiotherapist	2	-	2
Labourers	1	-	1
	41	8	49

Table VI - Physically and Mentally Defective.

	M.	F.	T.
Mentally disordered and Physically defective	1	-	1
Mentally disordered	1	-	1
Mentally defective	4	1	5
Physically defective & deaf with speech	1	-	1
Physically defective & hard of hearing	10	17	27
Physically defective & hard of hearing	-	1	1
Mentally and physically defective	-	1	1
Mentally disordered and deaf	1	-	1
Deaf without speech	-	-	-
Deaf with speech	3	6	9
Hard of hearing	11	12	23
	32	38	70

Table VII - Children of School Age.

	Normal		Mentally defective		Physically defective	
	Male	Female	Male	Female	Male	Female
In schools for the Blind	1	1	1	-	-	-
In other schools	-	-	-	-	-	-
Not at school	-	3	-	-	-	-
	1	4	1	-	-	-



Table VIII - Blind Persons in Homes and Hospitals.

	Residential Accommodation provided under Part III of the National Assistance Act, 1948.		Other Residential Homes other than Part III.	Mental Hospitals.	Mental Deficiency Institution	Chronic Wards of Hospitals.
	Homes for the Blind.	Other Homes				
Male	-	10	-	1	1	2
Female	2	9	1	-	-	-
	2	19	1	1	1	2

Table IX - Distribution of Blind Persons.

	Male.	Female.	Total.
No. training but trainable	8	1	9
Employed	42	7	49
Under technical training	-	1	1
Under school age	-	3	3
In elementary school	-	-	-
In other institutions	1	-	1
In school for the blind	1	1	2
Trained but unemployed	-	-	-
Not available for work	3	36	39
Unemployable	108	147	255
	163	196	359

PARTIALLY SIGHTED.Table 1 - Total Number on Register -  
Age Groups and Sexes.

	M.	F.	T.
0 - 1	-	-	-
2 - 4	-	-	-
5 - 15	4	4	8
16 - 20	-	-	-
21 - 49	-	2	2
50 - 64	2	3	5
65 +	13	12	25
	19	21	40

Table 2 - Cases newly registered -  
Age at date of Registration.

	M.	F.	T.
0 - 1	-	-	-
2 - 4	-	-	-
5 - 15	1	-	1
16 - 20	-	-	-
21 - 49	-	-	-
50 - 64	-	2	2
65 +	6	4	10
	7	6	13

Table 3 - Removals from Register during  
the Year on Admission to  
Blind Register.

	M.	F.	T.
65 +	-	1	1

Table 4 (ii) - Class B - Persons  
industrially handicapped.

	M.	F.	T.
Unemployed	1	-	1
Not available for work	1	-	1
	2	-	2

Table 4 (iv) - Class D - Children  
aged 5 and under 16.

	M.	F.	T.
Attending Special Schools	3	1	4
Attending other Schools	1	3	4
Not at School	-	-	-
Ineducable	-	-	-
	4	4	8

Table 4 (i) - Class A - Persons near  
and prospectively blind.

	M.	F.	T.
Employed	-	1	1
Available and capable of work.	1	-	1
Not available for or not capable of work.	13	1	14
	14	2	16

Table 4 (iii) - Class C - Persons  
requiring Observation.

	M.	F.	T.
16 - 20	-	-	-
21 - 49	-	1	1
50 - 64	-	2	2
65 +	8	3	11
	8	6	14

# HOSPITALS AND NURSING HOMES.

Hospitals. The following tables relating to a number of National Health Service Hospitals in the area of the Glantawe Hospital Management Committee have been kindly forwarded by the Group Secretary. These hospitals admit most of the residents in this area.

	Swansea Hospital including Annexes	Morrison Hospital.	Hill House Isolation Hospital.	Stouthall Maternity Hospital.	Fairwood Maternity Hospital.	Mount Pleasant Hospital.
<u>BEDS.</u>						
Complement on 31.12.52.	403	450	118	22	16	276
Average number available throughout the year	391.03	407.51	94.00	22.10	16.60	270.86
<u>IN-PATIENTS.</u>						
Number in hospital on 31.12.51.	322	278	70	19	15	211
Number admitted during the year	5793	6055	1078	553	408	1613
Number treated to a conclusion	5779	6008	1076	553	409	1603
Number remaining in Hospital on 31.12.52.	336	325	72	19	14	221
Average number resident throughout the year	323.47	347.48	69.16	18.63	14.69	235.02
Number of births during the year:-						
Live	-	533	2	483	323	266
Still	-	31	-	11	8	10
Number of patients awaiting admission to hospital on 31.12.52.	3545	1247	-	-	-	105
<u>OUT-PATIENTS.</u>						
Number of new Out-patients during the year	50269	14272	-	-	-	-
Number of Out-patients attendance during the year.	200976	64256	-	-	-	-

CLASSIFICATION OF PATIENTS ADMITTED DURING

THE YEAR ENDED 31. 12. 52.

	Swansea Hospital including Annexes.	Morriston Hospital.	Hill House Isola- tion Hosp.	Stouthall Maternity Hospital.	Fairwood Maternity Hospital.	Mount Pleasant Hospital.
Medical	1019	1292				147
Surgical	2463	1751				345
Gynaecological	438	546				548
Orthopaedic		356				
Thoracic Surgery		215				
<u>Maternity:-</u>						
Ante Natal		74	2	87	78	4
Normal		647		390	159	290
Abnormal			22	63	149	
Post-Natal			9	3	7	6
Puerperal pyrexia			48			
Psychiatric						34
Dermatological	42	2				3
Ophthalmic	562	1				
E.N.T.	822	30				
Cancer	248	98				
Fractures	187	219				
Neurological		96				
Neurosurgical		482				
Diabetic		19				
Chronic Sick						210
Infectious Diseases			962			
V.D.	12					
Tuberculosis		81	35			26
Premature & Sick infants				10	15	
Dental		145				
Asthma						
Plastic Surgery		1				
	5793	6055	1078	553	408	1613

STATISTICS FOR PERIOD 1.1.52 to 31.12.52.

Average Number of days each patient was resident.

Analysis showing the average stay in days of patients discharged after:-	Swansea Hospital including Annexes.	Morrison Hospital.	Hill House Isolation Hospital.	Stouthall Maternity Hospital.	Fairwood Maternity	Mount Pleasant Hospital.
Confinement		10.68		12.32	13.09	11.99
Treatment for Pulmonary Tuberculosis		267.03	195.80			284.48
Treatment as Psychiatric Patients						1615.16
Treatment as Chronic Sick Patients		18.21				138.22
Treatment for any other condition.	20.36		22.02	16.00*	14.08*	21.48

\* Infants remaining in hospital for neo-natal care after the discharge of the mother.

Nursing Homes.

The number of homes registered under the Public Health Act is four, the same as last year. They are the Brunswick, Beresford, Mirador and St. James' Nursing Homes. 40 beds are provided in these homes, 13 of which are maternity beds. 229 maternity cases were attended, one more than last year.



## WATER.

### Public Water Supply.

According to the Rate Books, the number of houses inhabited in 1952 was 41,025 of which it is estimated that 41,000 or 99.9% are connected to the public water supply.

### Medical Examination of Employees.

All employees of the Water Undertaking whose duties bring them into any area near a water conduit have complete medical and bacteriological tests.

### Report on Supply and Development.

The following report has been kindly supplied by the Borough Water Engineer and Manager and continues the report on post war development included in previous years:-

"Rainfall at the impounding reservoirs was about average during 1952, as a whole but the fall in summer was above average and in winter below. This increased fall in summer made it possible to meet all demands for water without recourse to restrictions on the use of water for certain purposes or curtailment of supply at any time.

To augment supplies in case the Autumn should prove dry, water was abstracted from the River Llynfell at Danyrogof caves on 77 days during which 200 million gallons were collected.

The Department supplied an average of 10.880 million gallons per day during the year, an increase of 91,000 gallons per day over the figure for 1951.

Despite the small increase in total consumption, a substantial fall, 135,000 per day, was achieved in unmetered consumption, which dropped from 5.532 million gallons per day in 1951 to 5.397 million gallons in 1952. There are many factors which affect unmetered consumption, but it is safe to say that the introduction of more intensive waste detection measures early in the year played a large part in bringing about this reduction.

Bulk, Trade and Shipping consumption all increased during the year, though a recession of trade during the last six months somewhat offset a large rise in trade consumption in earlier quarters. The total increase in consumption for these purposes over the previous year was 88.990 million gallons or 243,000 gallons per day.

The Capital work programme of the undertaking continued to gather momentum throughout the year as the materials ordered for the Usk Scheme in 1949 and 1950 began to come to hand.

The major work continued at the site of the New Usk Reservoir where the contractor completed the concreting the invert of the supply tunnel during March. The Summer months were devoted to the excavation and spreading of the earth filling of the new dam, a job pressed forward with considerable speed. By the Autumn the contractor had succeeded in placing approximately 50 per cent. of the total filling required to form the dam, the dam having risen about one third of its full height above the valley floor.

During the Winter months the contractor reverted to concreting operations and had well advanced the lining of the side walls and roof arch of the supply tunnel, and also the overflow works, before the end of the year.

In March a start was made on the laying of the 28" pipe-line from the Supply Basin to Bryngwyn. Progress was slow for the first few months, but the dry winter and the knowledge gained earlier enabled the contractor to accelerate the rate of pipe-laying considerably by the end of the year at which time 4.92 miles of pipe had been laid, though final testing remained to be carried out in 1953.

No major constructional works were carried out on the old part of the undertaking, but steps were taken to transfer the operation of the chlorinator at the Lliw Reservoirs from Hand to Automatic control. Unfortunately, it was not possible to introduce the Automatic control before the end of the year as the necessary equipment was not received from the manufacturers.

Several unsatisfactory results were obtained by bacteriological analysis of samples taken from the Lliw Reservoir Supplies. It is expected that the closer control of a fluctuating supply possible by automatic chlorination will obviate such results in future.

The department continued its mainlaying programme for new housing, and the replacement of existing defective mains. During the year 5.58 miles of mains were laid. This brought the total length of mains laid by the Department since the 1st January, 1945, to 38 miles 1360 yards in various sizes from 3" diam. to 24" diam. and the total length of mains operated and maintained to 320 miles 360 yards.

#### DETAILS OF WORKS.

##### IMPOUNDING RESERVOIRS.

Reservoir	Catchment Area Acres.	Topwater level Ft.A.O.D. (Liverpool)	Long Period Average Rainfall Ins. January.	Rainfall 1952 Ins.	Capacity of Reservoir in Million Gallons.
			<u>No. 2 Gauge.</u>		
CRAY	2,680	1,001.00	85.01	70.50	1,007
UPPER LLIW	1,014	615.25	62.54	61.16	297
LOWER LLIW	727	388.25	54.44	57.65	101
TOTAL	4,421				1,405
<u>UNDER CONSTRUCTION.</u>			<u>No. 5 Gauge.</u>		
USK	3,900	1,005.00	71.35	62.80	2,715

##### SERVICE RESERVOIRS.

RESERVOIR	CAPACITY	TOP WATER LEVEL FT.A.O.D. (Newlyn)
CLASE	2,500,000	545.5
CLASE TOWER	150,000	600.5
CLYNE	750,000	417.0
CWMDONKIN	1,500,000	240.0
MORRISTON	4,500,000	341.5
NEWTON	500,000	292.0
PENLAN	250,000	552.5
PENLAN TOWER	150,000	601.5
TIR JOHN	750,000	332.5
TOWN HILL	3,000,000	579.0
TOWNHILL TOWER	78,000	623.0
ST. THOMAS	536,000	199.5

Bacteriological Samples of Water.

243 samples of water were taken altogether during the year, including 50 samples taken during investigation of outbreaks of para-typhoid B. fever. These latter samples all proved negative.

Of the 193 other samples, the following table indicates in categories that 188 samples were satisfactory and 5 samples were unsatisfactory, or doubtful.

	Taken	Satis- factory.	Unsatis- factory.
(a) Public Supplies	179	178	1
(b) Springs.	7	5	2
(c) Wells	2	1	1
(d) Outlet from Bwllfa Colliery Slant leading after chlorination to Lliw Reservoir.	3	3	-
(e) Stream at Dan-Yr-Ogof before chlorination.	2	1	1
TOTAL.	193	188	5

The 179 samples taken from the Public Supplies may be divided up as samples taken from the following source of supply:-

<u>Source of Supply.</u>	<u>No. Taken.</u>
(a) Cray direct.	17
(b) Cray & Danyrogo mixed	9
(c) Danyrogo after chlorination.	8
(d) Townhill.	17
(e) Newton.	17
(f) Lliw.	20
(g) Morriston Mixed	20
(h) Cwmdonkin	12
(i) Penlan	17
(j) Clyne	16
(k) St. Thomas	5
(l) Tir John	11
(m) Clase.	10
TOTAL.	179

Particulars of the 5 unsatisfactory samples are ennumerated in the following table.

PUBLIC SUPPLIES.

No. of sample.	Sample from.	Observations.
S.S. 104	Penlan Reservoir.	This water is unsatisfactory particularly from a chlorinated supply. (Referred to Water Department).



### SPRINGS.

No. of sample.	Sample from	Observations.
S.S. 96	Spring at Upper Lliw	There is faecal pollution, Water not satisfactory. (Referred to Water Dept.,)
S.S. 111	" " " "	Coliform count is very low but may include faecal bacteria. (Referred to Water Dept.)
<u>WELLS.</u>		
S.S. 154	Trem-Or-Mor, Garnllwyd.	This water is under suspicion (advised tenant re. the boiling of water before use. Report sent to Water Engineer.)
<u>STREAMS.</u>		
S.S. 128	Stream at Dan-Yr-Ogof before chlorinating point.	Sample shews faecal pollution (Referred to Water Dept.)

### Chemical Analysis of Water.

Altogether 15 samples were taken during the year, from Public Supplies and the Analyst reported that all samples were satisfactory.

### Residual Chlorine Tests.

The number of tests carried out during the year were 179 resulting as follows.

152	showed	0.1	Lovibond	blue	units.
8	"	0.2	"	"	"
4	"	0.3	"	"	"
11	"	0.4	and over	Lovibond	blue units.

The samples falling into the latter category (0.4 and over) were samples of water taken immediately after chlorination or at points not far distant from the point of chlorination.



SEWERAGE AND DRAINAGE.

Extensions to Sewers and Surface Water Drains for the year ended  
December, 1952.

	Size of Soil Sewer and length in yards.					Size of Surface Water Drain and length in yards.							LENGTH (Miles)	
	6"	9"	12"	15"	18"	6"	9"	12"	15"	18"	21"	24"		27"
On Corporation Housing Sites. (By Direct Labour.)														} 3.70
CLASE (Part 1) ...	653	473	577	18	-	-	-	-	-	-	-	-	-	
PORTMEAD (Cadle) ...	618	825	340	75	-	487	704	895	374	227	80	88	80	
Other Sewers.														} 1.31
BIRCHGROVE & HEOL-LAS	-	781	424	206	-	-	-	-	-	-	-	-	-	
CLASE HOUSING SITE - OUTFALL.	-	-	-	-	-	-	-	-	-	-	44	-	-	
PORTMEAD HOUSING SITE (CADIE) - OUTFALL		93	553	168	-	-	-	-	-	-	-	-	-	
MUMBLES ROAD. CROSSING FOR THE GRANGE.	-	13	-	-	-	-	-	-	-	-	-	-	-	
RECREATION GROUND, BRYNMILL.	33	-	-	-	-	-	-	-	-	-	-	-	-	

## PUBLIC HEALTH ACT.

### Drainage.

Drains tested-Smoke	12
" " -Chemicals	95
" " -Water	26
New drains constructed	73
Drains re-laid	21
Drains repaired	73
Drains cleansed	145
Inspection or intercepting chambers provided or repaired.	60
Intercepting traps fixed	1
Soil pipes or ventilating shafts. fixed or repaired	22
Gullies fixed	67
Troughs provided	1
Troughs trapped or waste pipes repaired.	6
Bath wastes trapped or repaired.	3

### W.C's.

Additional W.C's provided	22
W.C's re-constructed	11
New pans and traps fixed	76
W.C's cleansed	23
Flushing apparatus provided	52
" " repaired	38
Miscellaneous repairs	11

### Cesspools.

Abolished and house connected to sewer.	11
Emptied	10
Other repairs.	3

### Amusement Houses.

Additional W.C. accommodation pro- vided.	1
Additional Urinal " " "	3
W.C's repaired.	1
Ventilation improved	1
Cleanliness improved	1
Other repairs	1

### Urinals.

Re-constructed.	1
-----------------	---

### Earth or Pail Closets.

Earth or pail closet survey.	3241
Abolished	17
Cleansed or repaired	2
Septic tank provided	1

## PUBLIC CLEANSING.

### House and Trade Refuse.

The arrangements for the collection and disposal of house and trade refuse during the year under review are similar to preceding years. All refuse is disposed of by controlled tipping.

The quantity of house and trade refuse collected during the year was 62,540 tons.

The quantity of Street Sweepings during the year was 682 tons.

The controlled tips are at Clyne Valley, Port Tennant, Mynydd Newydd, and Morriston Marsh.

### Pail Closets.

There are still over 2,000 houses within the Borough without water flushed closets; these have pail closets, which are emptied weekly. The work is carried out at night time by a crew of four men with one mechanical vehicle, which has attachments especially designed for this class of work. The contents are discharged direct into the sewers.

### Cesspools.

In addition to the houses with pail closets there are a number drained to cesspools. During the year, 158 houses were dealt with, the frequency of emptying varying from one to fifty one times, representing 788 single operations. Contents are discharged from the machine direct into the sewers.

### Street Gullies.

Accumulation of grit and debris were removed from street gullies at intervals of between six to seven weeks. After emptying and cleaning, the gullies are re-sealed with clean water, the operation being carried out by mechanical vehicles designed for this service.

The number of street gully cleansing operations carried out during the year was 69,516.

### Kitchen Wastes.

There are approximately 1,220 bins placed out in the streets, business premises, schools and canteens for the collection of kitchen waste. These bins are emptied twice, and, in some cases, three times per week. Each bin, after emptying, is dusted with D.D.T. powder and at frequent intervals are returned to Depot where they are thoroughly cleansed. The quantity of kitchen waste collected during the year was 1,456 tons, which was delivered to the processing plant operated by P. R. Mosdal & Co. Ltd., Hafod Isha, Swansea.

## TOWN PLANNING.

Progress on the preparation of the Development Plan for the County Borough has continued during the year. The Minister of Housing & Local Government has granted an extension of time for completion of the Plan until 31st December 1953 by which date the Minister expects that the Plan should be ready.

Meanwhile development control has been exercised in accordance with the draft Plan.



## RECONSTRUCTION.

In the year 1952 further progress was made on the reconstruction of the Central Town Area. The old highway of Waterloo Street ceased to exist and the new road pattern was further advanced by the widening of Oxford Street and Park Street.

The alteration to mains and services of Statutory Undertakers was continued together with the abandonment of old sewers and the construction of the new sewer system involving the diversion of the 27" diameter cast iron main which passed under the Market with consequent alteration to some of the accommodation in the Market itself.

Constructional works proceeded actively and nine new buildings comprising 16 shops were completed.

6 other buildings providing 7 shops were under construction and a further 19 approved projects were awaiting building licences. Some of the buildings provided for separate office accommodation on the upper floors.

In addition to the foregoing 2 warehouses were under construction and 2 were awaiting building licences.

Part of the programme for residential accommodation near the town centre was accomplished by the completion of 44 flats in New Street.

Post Office activities included a new temporary branch office in The Kingsway and commencement of works for the new Repeater Station at the Strand.

The loss of land due to the increased building progress aggravated the car parking problem and as a temporary remedy three car parks were provided in the central town area.

The open space opposite the Swansea Castle was cleared and work was commenced on the lay-out of a formal garden as part of the programme for the restoration of the Swansea Castle and surrounds.

Site preparation works were proceeding for the new central fire station at Grove Place.

Discussions were continued with the appropriate government departments regarding the Third Stage Redevelopment in the town centre.

## INDUSTRIAL DEVELOPMENT.

Tipping of certain categories of refuse has continued during the year, to the levels laid down in the Borough Engineer's Scheme. This Scheme is arranged to give suitable tipping space to industries adjacent to this area without giving rise to unsightly tips which would otherwise result from unplanned tipping.

During the year under review Messrs. Western Metallurgical Industries Ltd. have installed a plant in the Beaufort Works where it is proposed to extract zinc and other metals from the material in the tips of the former Morriston Spelter Works. The levels to which the residues of this process will be tipped have been agreed with the Borough Engineer, and these have been designed so that on completion many of the existing unsightly tips will have been replaced by levelled areas capable of further development.



To the South of this area and immediately South of the Mannesman Road, the levelling scheme carried out by Messrs. Richard Thomas & Baldwins Ltd. to the plan agreed by the Borough Engineer has been completed. The playing fields on the area have been completed and are now in use. To those who remember this area in its former state, this is a very gratifying transformation.

#### PUBLIC CONVENIENCES.

During the year in question 3 conveniences viz: at Caswell, Penlan and Killay, were completed and were opened to the public. Of the remaining 2 in the programme, one at the Recreation Ground, Brynmill is nearing completion while the building of the other at Canal Road, Ynystawe has not yet received Ministerial approval.

The laying out of the grounds around the completed conveniences was in hand during 1952 and is intended to include the planting of shrubs.

During the year the Committee decided on the programme for building conveniences during the coming year and application was made to the Welsh Office of the Ministry of Health for the necessary sanctions. The locations of the conveniences in this programme for erection in 1953-54 are as follows:- The Kingsway near Christina Street, Rotherslade Bay, Pen-y-Graig, Townhill, Blackpill, Glais, Peniel Green, Llansamlet, as well as the one at Ynystawe which has been left over from the 1952-53 programme.

The control of conveniences in the public parks was transferred to the Health Committee and work has been commenced on these conveniences to bring them up to the standard of the public convenience of the Borough.

#### TRADING ESTATE.

During the year the extension to Messrs. Atlas Sprinklers factory was completed, and machinery installed. This has assisted the company to employ more labour and to meet the increasing demand for the fire prevention equipment they manufacture and instal. The area of the original factory is 28,200 square feet and that of the extension 14,000 square feet.

Work on the extensions of the office accommodation and factory space of Messrs. Mettoys factory was commenced during the year. This will increase the factory floor area from 105,350 square feet to 160,300 square feet.

The Trading Estate Company undertook the laying out of the areas around the factories with lawns and this work was completed during the year. The result has considerably improved the appearance of the Estate.

#### HOUSING.

##### House Building.

House building progress shows an increase over the previous year.

Of the estimated total of 6,357 houses in the programme approved by the Corporation in 1943, as previously reported, building schemes for 5,022 houses had been approved by the end of the year 1952, of which number 3840 houses had been completed and the balance was under construction or not commenced.

The table over-leaf gives a summary of the building progress in the post-war period to the end of the year 1952.

POSITION RELATING TO APPROVED BUILDING SCHEMES.

(as at 24th December, 1952.)

Type.	Houses Completed.							Under Construction.	Approved but not yet commenced.	Total of Houses Approved (to 24th Dec. 1952).
	Year 1946	Year 1947	Year 1948	Year 1949	Year 1950	Year 1951	Year 1952 to 24.12.52.			
TEMPORARY BUNGALOWS.	510	377	104	-	-	-	-	-	-	991
TRADITIONAL TYPE HOUSES.	84	104	178	218	217	137	218	396	301	1853
NON-TRADITIONAL TYPE HOUSES.	-	252	529	233	224	130	160	175	310	2013
WAR DAMAGE RE-BUILDING	28	110	27	-	-	-	-	-	-	165
TOTALS:-	622	843	838	451	441	267	378	571	611	5022

## Housing (Sanitary Inspection).

### Inspections.

No. of detailed inspections	2
No. of houses inspected and recorded	3911
No. of reinspections of recorded houses	7335
Premises other than houses inspected for nuisances.	143
Owners or Contractors interviewed	1748

### Nuisances Abated - Houses.

Walls repaired	46
Outside plastering repaired	78
Inside " "	64
Damp-proof courses inserted	1
Floors renewed or repaired	79
Floors ventilated	6
Roofs renewed or repaired	156
Chutes, downpipes or gutters renewed or repaired	165
Chimneys repaired	25
Ceilings repaired	71
Doors and frames repaired	25
Lighting and ventilation of rooms improved	1
Window sashes or frames renewed or repaired	61
Window cords renewed	27
Waste pipes repaired	2
Staircases repaired	7
Grates or ovens repaired or renewed	26
Boilers provided or repaired	1
Wash-houses provided or improved	1
Outbuildings repaired	6
Walls or ceilings cleansed and re-decorated	6
Rooms treated for vermin	5
Overcrowding abated	1
Yard paving relaid or repaired	25
Nuisances from animals abated	2
Accumulations removed	6
Ashbins provided	1
Water taps or pipes repaired	22
Miscellaneous repairs and nuisances	40

### Notices.

Type	Served.	Complied.
Informal	908	611
Statutory	132	162
Total	1040	773



CLEARANCE AREAS AND INDIVIDUAL UNFIT HOUSES - Action taken under the  
Housing Act and Public Health Act  
RETURN FOR THE PERIOD 1st April, 1952 to 31st December, 1952.

PART 'A' - CLEARANCE AREAS (Housing Act 1936).

		Number of dwelling-houses demolished in the period.		Number of persons Displaced.
		Unfit houses	Other houses	
(1)	Land Coloured 'pink' ...	N I L	N I L	--
(2)	Land coloured 'grey' ...		N I L	
		N I L		

PART 'B' - HOUSES NOT INCLUDED IN CLEARANCE AREA.

		Number of	
		Houses.	Persons displaced.
<b>DEMOLITION AND CLOSING ORDERS.</b>			
(1) Housing Act 1936.			
(a)	Houses demolished as a result of formal or informal procedure under Section 11 ...	11	42
(b)	Houses closed in pursuance of an undertaking given by the owners under Sec. 11 and still in force ...	7	19
(c)	Parts of buildings closed (Sec. 12) ...	NIL	
(2) Housing Act, 1949			
(a)	Closing Orders made under Section 3(1)	NIL	--
(b)	Demolition Orders determined and closing Orders substituted under Section 3(2) ...	NIL	--
			Number of houses. *
<b>REPAIRS.</b>			
<b>INFORMAL ACTION.</b>			
(3)	Number of unfit or defective houses rendered fit during the period as a result of informal action by the Local Authority under the Public Health Act or Housing Acts. ...		329
<b>ACTION UNDER STATUTORY POWERS.</b>			
(4)	Public Health Acts.		
	Number of houses in which defects were remedied after service of formal notices (a) by owners ...		38
	(b) by local authority in default of owners.		6
(5)	Housing Act, 1936.		
	Number of houses made fit after service of formal notices. (Sections 9, 10, and 16).		
(a)	by owners ...		2
(b)	by local authority in default of owners ...		10

Note:- \*A defective house remedied more than once during the period should be included once only.



## House Lettings.

The following information on house lettings has been kindly supplied by the Housing Manager.

The new building during 1952 was mainly of two bedroomed houses and flats though some vacancies in larger houses were made available by transfers of tenancy. The first block of flats in the town centre was occupied and most of the flats were allocated to men on tide work so that they need spend less time in travelling at inconvenient hours.

Priority lettings on health grounds included 40 tenancies for families with a tuberculous patient, 4 tenancies for severe orthopaedic cases and 2 for the blind. 15 allocations were made to tenants of slum clearance dwellings so that the properties could be demolished.

Some progress has been made during the year in clearing the camp sites and 13 "squatters" were housed. Houses were also provided for 4 families in Part III Accommodation.

## FOOD AND DRUGS.

### Milks & Dairies Regulations, 1949.

Milk (Special Designation) (Pasteurised & Sterilised Milk) Regs. 1949.

Milk (Special Designation) (Raw Milk) Regs. 1949.

The following tables show a comparison in relation to Registered Distributors, Dairies and Licenced Dealers under the above Regulations for the years 1949, 1950, 1951 and 1952.

### Registered Distributors of Milk.

	Year Ending			
	1949.	1950.	1951.	1952.
1. No. of Dairymen - Retail Distributors.	130	69	64	63
2. No. of Farmers - " "	66	66	61	48
3. No. of Shopkeepers - " "	94	79	92	110
	290	214	217	221

It will be observed that the number of dairymen and farmers show a steady decrease over the years due to the larger dairies concentrating on increased business and the buying of smaller businesses. The keen competition prevailing in the dairy trade has been responsible for many producers sending their supplies direct to wholesale milk depots. This has had the effect of producing a larger supply of heat-treated milk in the Borough and a reduction in the sale of loose raw milk.

### Registered Dairies.

There are 56 registered dairies in the Borough: the number remaining constant from the previous year.

Farm dairies are controlled by the Ministry of Agriculture and Fisheries. Shop-dairies have all been discontinued.

### Visits.

	1950.	1951.	1952.
1. No. of visits to dairies and MILK shops and interviews with dairymen and contractors.	845	709	797
2. No. of informal notice served and verbal intimations given	57	25	29
3. No. complied.	48	20	27
4. No. in course of complying.	9	5	2

# Processing Establishments.

1. No. of Licences Pasteurising Establishments.
2. No. of Licences Sterilising Estab.
3. " " " Pasteurising plants. in course of installation.
4. No. of Licences Sterilising plants in course of installation.

1949.	1950.	1951.	1952.
3	9	10	11
1	2	2	2
9	3	2	1
1	-	-	-
14	14	14	14

Heat processing establishments are increasing their output considerably, including the heat treatment of the Tuberculin Tested Milk owing to the increased demand for this type of milk and also from the commercial angle.

Comparison of Registered Dealers in Designated Milk for the years 1949, 1950, 1951, 1952.

1. Dairymen Dealers' Licenced.
2. Shopkeepers " "
3. Farmer " "

1949.	1950.	1951.	1952.
9	65	61	64
-	79	96	96
3	17	16	15
12	161	173	175

Comparison of details of Types of Designated Milk Licences issued during 1950, 1951, and 1952.

	Principal. 1950. 1951. 1952.			Supplementary. 1950. 1951. 1952.			Total. 1950. 1951. 1952.		
1. No. of Dealers' T.T. Milk Licences.	67	74	70	6	4	5	73	78	75
2. No. of Dealers Pasteurised Milk Licences.	78	81	78	6	4	5	84	85	83
3. No. of Dealers Sterilised Milk Licences.	124	146	143	4	2	3	128	148	146
4. No. of Dealers Pasteurisers Milk Licences.	9	11	11				9	11	11
5. No. of Dealers Sterilisers Milk Licences.	2	2	2				2	2	2
	280	314	304	16	10	13	296	324	317

Comparison of Designated Milk Samples taken during the years 1949, 1950, 1951, and 1952.

	Formal. 1949. 1950. 1951. 1952.				Informal. 1949. 1950. 1951. 1952.				Total. 1949. 1950. 1951. 1952.			
1. No. of Pasteurised milk samples	111	184	249	356	25	23	8	-	136	207	257	356
2. No. of TT(Past) Milk samples	11	36	93	181	-	5	-	-	11	41	93	181
3. No. of T.T. Milk samples.	174	156	149	146	1	10	-	-	175	166	149	146
4. No. of T.T. (Farm bottled) Milk samples	-	-	18	44	-	-	-	1	-	-	18	45
5. No. of Sterilised Milk samples.	37	57	77	77	-	-	-	-	37	47	77	77
	333	433	586	804	26	38	8	1	359	471	594	805

# Results of tests on Formal Samples of Designated Milk.

Type of Designated Milk samples.	No. of samples taken for the following tests.			Satisfactory.			Unsatisfactory.		
	M.B.	Phos.	Turb.	M.B.	Phos.	Turb.	M.B.	Phos.	Turb.
Pasteurised.	356	356	-	356	352	-	-	4	-
Sterilised.	-	-	77	-	-	77	-	-	-
T.T. (Pasteurised)	181	181	-	175	176	-	6	5	-
Tuberculin Tested	146	-	-	126	-	-	20	-	-
T.T. (Farm bottled)	44	-	-	37	-	-	7	-	-
	727	537	77	694	528	77	33	9	-

The Regulations provide for the following tests to be carried out to all Designated Milks.

Pasteurised.	-	Phosphatase and Methylene Blue Tests.				
Tuberculin Tested (Pasteurised) Milk.	-	"	"	"	"	"
Tuberculin Tested Milk.	-	Methylene Blue Test.				
Sterilised Milk.	-	Turbidity Test.				

## Observations.

From the number of unsatisfactory samples which are shown in the above table, it will be seen that the percentage is particularly low, and that generally the samples show a very satisfactory position at the various dairies.

The Phosphatase test indicates the efficiency of the pasteurising process. In the case of an unsatisfactory report, a visit is made to the dairy in an endeavour to ascertain the reason for the inefficient pasteurisation of the milk. In each case enumerated above, advice was given to the dairyman concerned and no further complaints of samples recurred.

The methylene blue test indicates any contamination of milk up to the time of bottling and contamination may arise from a variety of reasons. In all cases of unsatisfactory reports, visits are made to the dairies concerned and advice given on the different possible causes of the contamination. Only seldom is a recurrence noted.

In all cases the advice tendered has been readily accepted by the dairy-men, and this together with the co-operation of the dairy trade generally has been instrumental in providing such satisfactory results in this area.

## The sampling of milk for the presence of Tubercle Bacilli.

28 samples of milk were taken for the above examination. The lesser number of samples taken during the year being due to the decrease in the number of dairymen retailing raw milk, and an increase in the number of dairy-men producing milk from tubercle free herds.

One sample of milk was reported as giving a positive result from inoculation of the guinea pigs. The milk was produced at a farm situated outside the Borough and being retailed within the Borough. Upon receipt of the report, the M.O.H. of the area in which the farm was situated was informed, and also a report forwarded to the Veterinary Department, Ministry of Agriculture and Fisheries. Steps were immediately taken for the heat-treatment of the milk, and the eradication from the herd of any affected animals. This was an isolated case, but it will be appreciated how important it is that infected milk be traced as early as possible and the source of the infection removed.



# Inspections.

Dairies and Milkshops	732
Cowsheds	9
Milk Purveyors	610
Ice-cream premises and barrows	231
Restaurants and food preparing places	249
Butchers	143
Wholesale meat shops and stores	46
Butcher's food preparing premises	72
Other registered food premises	37
Fishmongers, wholesale and retail	54
Butter or margarine factories	19
Wholesale margarine dealers	2
Markets	61
Foodstalls	91
Hospitals and institutions re. food.	5
Cottagers' Pigs examined	9
Provision shops and stores	594
Greengrocers and fishmongers	70
Food vehicles	11
Railway stations re. food	11
Fried fish shops	4
Slaughterhouses	67
Knackers' yards	1
Offensive trades	35
Non-mechanical factories	55
- Bakehouses	5
- Bootmakers	12
Dressmakers & milliners	14
- Laundries	1
- Tailors	9
- Miscellaneous	119
Mechanical Factories	106
- Bakehouses	53
- Bootmakers	21
- Laundries	1
- Tailors	2
- Miscellaneous	202
Seamen's lodging houses - day	5
"                    "          " - night	2
Common lodging houses - day	6
Tents, vans, sheds or similar structures	74
Amusement places	135
Public Houses	79
Schools	18
Water shed inspections	3
Water supply	65
Water courses	22
Slum Clearance	396
Tips	11
Accumulations	42
Sewers	14
Drains	489
Public Urinals	27
Cesspools	26
Back lanes	19
Rat infestation	107
Swine and other animals	28
Marine stores	4
Smoke or grit observations	35
Offices	5
Visits not classified	81



### Ice-cream Premises.

Hot water supply provided to existing wash-hand basin.	8
Wash-up sinks provided with hot and cold water.	8
Washing-up sink provided	1
Premises improved by redecorating	6
Wash-hand basin with hot and cold water provided.	3
Impervious floors provided	1
Accumulations removed	1
Other repairs	4

### Butchers' Premises.

Walls replastered	2
Impervious floors provided	1
Wash-up sinks with hot and cold water provided.	2
Wash-hand basins with hot and cold water provided	2
Ventilation improved	2
Yard area repaired	1
Premises improved	1
Premises cleaned and redecorated	2

### Food shops and Kitchens etc.

Cleanliness improved	4
Storage arrangements improved	1
Ashbins provided	1
Washing up sinks fixed	3
Existing wash-hand basins provided with hot and cold water	3
Wash-hand basins with hot and cold water provided	4
Old premises demolished or converted	1
Impervious floors and yards laid	4
Walls repaired	1
Floors and yards repaired	4
Drains tested	2
Drains cleansed	2
Drains repaired or renewed	5
New drains laid	1
New gully traps fixed	2
W.C. accommodation provided or improved	4
Washing facilities provided and improved	1
Other sources of contamination removed	1

### Dairies, Cowsheds and milkshops.

Existing dairies improved	6
Existing cowsheds improved	16
Drainage improved	2
Paving repaired	3
Accumulation of manure removed	1
Milk samples obtained - Bacteriological	83

### Factories.

Want of cleanliness	1
Inspected	71
Unreasonable temperature	2
Inadequate ventilation	1
Ineffective drainage of floors	1
Unsuitable or defective W.C.	29
Other offences	13

Samples taken - Milk - satisfactory	344
- unsatisfactory	6
Frying fat	2
Solids	157
Other samples	46
Ice-cream	39
- satisfactory	23
- unsatisfactory	16
Butter	2
Bacteriological food samples taken	54
- satisfactory	54

Food and Drugs Results.

Satisfactory	438
Unsatisfactory	95

Phosphatase Test (Milk)

Satisfactory	455
Unsatisfactory	10

T. B. Samples.

Positive	1
Negative	19

Methylene Blue.

Satisfactory	595
Unsatisfactory	33

Turbidity Test.

Positive	8
Negative	61

Bacteriological Samples Re. Para Tyhpoid.

Milk	)	
Water	)	
Dried Eggs	)	
Frozen Eggs	)	164
Cakes	)	
Other Food	)	

UN SOUND FOOD SURRENDERED AND DESTROYED.

Article.	Total Weight.					Tins.	Pkts.	Other Units.
	Tons.	Cwts.	Qtrs.	Lbs.	Ozs.			
Beef ...	-	11	-	4	-	-	-	-
Butter ...	-	-	2	12	-	-	-	-
Cake ...	-	5	1	1	-	-	-	-
Cheese ...	3	12	3	3	-	-	-	-
Cocoa ...	-	-	3	19	-	-	-	-
Fish ...	4	6	2	4	-	112	-	-
Fruit ...	3	16	2	11	-	-	4601	-
Frozen Eggs...	-	-	-	44	-	-	-	-
Flour ...	-	-	3	1	-	-	-	-
Game ...	-	9	0	22	-	-	-	-
Gravy Browning	-	-	-	-	-	-	-	1 bottle
Gravy powder	-	-	-	10	-	-	-	-
Ham & Bacon...	-	10	1	-	-	-	-	-
Jam ...	-	1	1	14	-	-	-	-
Jelly ...	-	-	-	24	-	-	-	-
Lambs & Pigs heads	-	3	2	20	-	-	-	-
Milk ...	-	3	2	4	4	376	-	-
Meat ...	2	19	-	11	7	2096	-	-
" (Minced)	-	-	-	7	-	7	-	-
" ...	-	17	2	23	-	-	-	-
Macaroni ...	-	-	-	-	-	-	6	-
Marshmallows	-	-	-	-	-	-	72	-
Marmite ...	-	-	-	-	-	-	-	12 jars
Mushrooms ...	-	-	1	6	-	-	-	-
Milk (liquid)	-	-	-	-	-	199	-	65½ gallons.
Pepper ...	-	-	-	-	-	-	24	-
Pies ...	-	5	2	23	-	-	-	-
Soups ...	-	-	1	15	-	-	-	-
Sauces ...	-	-	1	4	-	-	-	-
Sweets ...	-	-	1	2	-	-	-	-
Sugar ...	-	2	3	16	-	-	-	-
Vegetables ...	18	10	1	23	8	-	-	-

SWANSEA ABATTOIR - CARCASSES INSPECTED AND CONDEMNED.

	Description.	Cattle exclu- ding Cows.	Cows.	Calves.	Sheep and lambs.	Pigs.	Approximate Weight. Tons. Cwts. Qrs. Lbs.
All Diseases except Tuberculosis.	No. Killed.	1. 5077	2763	17,896	43,383	6,366	
	No. Inspected.	2. 5077	2763	17,896	43,383	6,366	
	Whole Carcasses Condemned.	3. 11	38	60	67	6	11 7 3 1
	Carcasses of which some part or organ was condemned.	4. 40	42	10	65	39	1 15 3 10
Tuberculosis only.	Whole carcasses condemned.	6. 10	26	7	-	3	8 7 0 12
	Carcasses of which some part or organ was condemned.	7. 14	17	-	-	21	2 7 2 23
Ofal.	Livers.	9. 1510	1967	210	5,730	277	
	Part Livers	10. 576	601	-	-	-	
	Heads	11. 265	357	62	78	399	52 18 3 7½
	Lungs	12. 1083	1120	211	5,568	208	
	Sets	13. 576	601	-	-	-	
						TOTAL	78 7 0 15½



REACTOR CATTLE - TUBERCULOSIS (Slaughter of Reactors) ORDER.  
 SWANSEA ABATTOIR - CARCASSES INSPECTED AND CONDEMNED.

	Description.	Cattle exclud- ing Cows.	Cows	Calves	Tons.	Approximate Weight. Cwts. Qrs. Lbs.
All Diseases except F.B.	No. Killed	49	264	10		
	No. Inspected	49	264	10		
	Whole Carcasses Condemned	1	17	1	2	17 2 21
Tuberculosis only.	Whole Carcasses Condemned	1	17	7	4	- 10
	Carcasses of which some part or organ was condemned.	1	13	-		11 3 5
Offal.	Livers	298			4	18 21 1
	Heads	146				
	Lungs	279				
					TOTAL 12	8 - 9

## PUBLIC ANALYSTS REPORT.

The work carried out for the County Borough of Swansea during the year 1952 is summarised in the following table, which shows the total number of samples examined and reported upon and the headings under which they were classified:-

Under the Food and Drugs Acts	...	...	555
For the Public Health Department	...	...	13
For the Waterworks Department	...	...	2
For the Weights and Measures Department -			
Under the Fertilisers & Feeding Stuffs Act			25
For the Borough Architect's Department	...		3
For the Port Health Authority	...	...	<u>21</u>
	TOTAL	...	<u>619</u>

### Changes in Food Legislation.

During the year under review, the Minister of Food made two new Food Standards Orders regulating the composition of Coffee Mixtures and Suet, while the standards for Ice-cream, which were introduced in March, 1951, were modified on account of a shortage of milk powder and fats. These, and other alterations in the legislation having a bearing on the work of the Public Analyst, are briefly referred to below.

The Food Standards (Coffee Mixtures) Order, 1952. This Order, which came into operation on the 21st September, 1952, for all sales prescribed standards for coffee and chicory mixtures and for coffee and fig mixtures, as follows:-

Coffee and chicory mixtures, including French coffee, shall be mixtures of coffee and chicory only; each such mixture to contain not less than 51 per cent. by weight of pure coffee.

Coffee with fig flavour or fig seasoning, including Viennese coffee, shall be a mixture of coffee and figs only; each such mixture to contain not less than 85 per cent. by weight of pure coffee.

The Food Standards (Suet) Order, 1952. This Order, which came into force on the 28th December, 1952, for all sales revoked and replaced the Food Standards (Shredded Suet) Order, 1944. It made a standard for block suet for the first time and prescribed a revised standard for shredded suet:-

Block suet must consist of rendered beef suet, be free from fibrous tissue, and contain not less than 99 per cent. by weight of beef fat.

Shredded suet must consist of rendered beef suet with farinaceous material, be free from fibrous tissue, be shredded, flaked or otherwise comminuted, and contain 83 per cent. by weight of beef fat.

Ice-cream. On the 4th July, 1952, the Minister of Food announced that in order to avoid a reduction in the supply of ice-cream it was necessary, because of a shortage of milk powder and fats, to modify the standard which was introduced in March, 1951. Accordingly, the minimum fat content was reduced from 5 per cent. to 4 per cent. and the minimum non-fatty milk solids content from 7.5 per cent. to 5 per cent. with effect from the 7th July, 1952. The minimum sugar content was maintained at 10 per cent.

Mineral Oil in Food. The Mineral Oil in Food Order, 1949, which came into operation in April of that year prohibits the use of mineral oil in the composition or preparation of any article of food intended for sale or sold for human consumption. There is an exemption from this prohibition, however, if the mineral oil content does not exceed 0.2 per cent. by weight of the food and its presence is due, not to inclusion as an ingredient, but to its use as a lubricant or greasing agent on a surface with which the food necessarily comes into contact during preparation.

As from the 1st August, 1950, this Order was amended to provide exemption also for dried fruits (defined as prunes, currants, sultanas and raisins) when these contained not more than one per cent. by weight of mineral oil, and for articles of food containing mineral oil through the use of such dried fruit as an ingredient.

The Minister of Food explained that this amendment was necessary because large stocks of dried fruit had been treated with mineral oil in the countries of origin as a deterrent to infestation, to prevent crystallisation of the natural sugars and to facilitate separation of the berries in manufacturing processes. It was intended, however, that this amendment should be a temporary measure, and exporting countries were requested to stop the use of mineral oil for the treatment of dried fruit for consignment to the United Kingdom.

By a further amending Order that came into operation on the 19th October, 1952, the amount of mineral oil permitted in dried fruit was reduced from one part to 0.5 parts per cent. by weight and corresponding reductions were made as respects the mineral oil content of foods in which dried fruit has been used as an ingredient. In a circular letter sent with this amending Order it was explained that a satisfactory substitute for mineral oil for the surface treatment of dried fruits has not yet been found. Investigation into alternative methods of treatment is still proceeding and it is hoped that it may be possible eventually to dispense with the need to use mineral oil for this purpose.

Sausages. The ban on the use of soya products in the manufacture of sausages was lifted in March and in June the provisions permitting milk powder and vegetable fat to count as part of the meat content were removed.

Dehydrated Vegetables. During the war, the Minister of Food acting under powers conferred upon him by the Defence (General) Regulations, 1939, authorised the importation into the United Kingdom and sale of certain dehydrated vegetables containing limited amounts of sulphur dioxide preservative. On the 27th November, 1952, the Minister issued a revised schedule of such vegetables. Dehydrated cabbage is allowed up to 3,000 parts per million of sulphur dioxide, dehydrated runner beans, turnips, spinach, swedes, peas, mixed vegetables, parsnips and carrots up to 2,000 parts per million and dehydrated potatoes up to 550 parts per million.

Christmas Puddings. By an amendment of the Labelling of Food Order, 1950, that came into operation on the 31st March, 1952, the ingredients of Christmas puddings must now be declared on the label. The declaration must be in the specified manner, i.e. in descending order of the proportions in which the ingredients were used.

Liqueur Chocolates. In a circular letter to Food and Drugs Authorities, the Ministry of Food has expressed the view that the use of the word "liqueur" in the description of products that contain no alcohol should be abandoned and, following discussions with the Association representing the chocolate and sugar confectionery manufacturers, has



agreed that such articles might be described as "imitation liqueur chocolates" provided this description is followed immediately by the word "non-alcoholic" in substantially the same size type.

Samples taken under the Food & Drugs Act,  
1938.

The total number of samples of food and drugs submitted by the Sampling Officers during the year was 555. The fact that a sample is obtained under the provisions of the Food and Drugs Act does not prevent action being taken by appropriate Authorities under other legal enactments, and therefore, when the samples were examined and reported upon, regard was given to all relevant legislation.

The nature of the various articles submitted, the numbers of each kind and the numbers that were adulterated or otherwise unsatisfactory are shown in the table below:-

Samples submitted under the Food & Drugs Act during  
1952.

Nature of Sample	No. examined	No. unsatisfactory
Almonds, Ground	1	-
Almond substitute	1	-
Apricots, Bottled	1	-
Barley, Pearl	1	-
Beans, Canned	3	-
Beetroot, Pickled	1	-
Beverage powder	2	-
Brandy	1	-
Brawn	1	-
Breakfast cereal	1	-
Butter	9	-
Cakes	6	1
Cake mixture, Sweetened	4	-
Calves feet jelly	1	-
Capers in vinegar	1	-
Cheese spread	1	1
Cherries, Glace	3	-
Chocolate spread	1	-
Christmas pudding	1	-
Chutney, Mango	1	-
Citrus peel	1	-
Coffee	1	-
Coffee and chicory essence	1	-
Crab, Canned dressed	1	-
Custard powder	1	-
Dripping	2	2
Drugs & Medicinal Preparations		
Blood purifier	1	-
Chest and throat tablets	1	-
Glycerine and honey	1	-
Iron and yeast tablets	1	-
Laxative chewing gum	1	-
Laxative tablets, Comp.	1	-
Sweets, Medicated	2	-
Syrup of figs	1	-
Whooping cough herbs	1	-
Worm cake, Chocolate	1	-

Samples taken under the Food and Drugs Act, 1938 (continued).

Nature of Sample.	No. examined	No. unsatisfactory
Fat, Sweetened	1	1
Fish paste	1	-
Fruit pectin, Liquid	2	-
Frying fat	2	1
Gelatine	1	-
Gin	2	-
Ginger, Preserved	1	-
Gravy browning	1	-
Gravy maker	1	-
Honey	1	-
Ice-cream	24	6
Jelly preparations	12	4
Macaroons, Dutch	1	-
Marmalade	2	-
Marshmallow creme	1	-
Marzipan	1	-
Meat products	7	-
Meringue powder	1	-
Milk	368	68
Milk, Appeal-to-cow samples	11	1
Milk, Malted	1	1
Milk pudding, Canned	1	-
Mincemeat	1	-
Pepper	1	-
Pineapple, Crystallised	1	-
Prunes, with semolina, Canned	1	-
Pudding mixture	1	-
Redcurrant jelly	1	-
Rennet, Essence of	1	-
Rice	1	-
Rum	1	-
Saccharin tablets	2	-
Salad cream	1	-
Sauces	4	-
Shrimps, Canned peeled	2	2
Sild, Canned	1	-
Soft drinks	3	-
Soft drink tablets and powders	3	-
Soup preparation	1	-
Strawberries in sauce, Frozen	1	-
Sweets	6	2
Synthetic cream powder	1	-
Tea	2	-
Tea Mate	1	-
Tea extender tablets	1	-
Tea seed oil	1	-
Thyme, Prepared	1	-
Tomato products	4	1
Trifle mix	1	-
Vinegar	5	1
Whiskey	2	1
Wine, Non-alcoholic	1	-
Total	555	93

The number of samples reported upon adversely was 93, or 16.7 per cent. of the samples examined. Comparison with the previous four years is made in the table below:-

Year	Number of samples examined	Number adulterated or otherwise irregular.	Percentage adulterated or irregular
1948	604	45	7.4
1949	556	46	8.2
1950	578	43	7.4
1951	512	86	16.8
1952	555	93	16.7

It will be seen that the proportion of unsatisfactory samples is almost the same as in 1951 and these high figures arise mainly from two factors - the increasing attention that is being given to milk supplies that are consigned to dairies within the Borough and to the introduction of legislation governing the composition of ice-cream.

#### Milk.

Of the 368 samples of milk taken in the ordinary way by the Sampling Officers, 24 contained added water, 43 others contained less than the presumptive minimum of 3.0 per cent. of fat prescribed by the Sale of Milk Regulations, while one sample contained added water and was also deficient in fat after allowance had been made for the reduction of the fat content due to the added water.

Freezing Point Test. In every case where the results of chemical analysis suggested the possibility of the presence of added water, the Hortvet freezing-point test was applied. With 62, or 16.8 per cent. of the ordinary samples that contained less than the presumptive minimum of 8.5 per cent. of non-fatty solids, this test indicated that the milks had not been adulterated by the addition of water but were naturally poor in non-fatty solids. The corresponding proportion in the previous year was 13.1 per cent. The lowest figure for non-fatty solids shown by any of these samples was 8.00 per cent., the next lowest being 8.02 per cent.

Added Water. The presence of added water was confirmed in 24 samples. In most of these the proportion of added water was quite small, when the vendors were cautioned, and subsequent samples have been found to be satisfactory. Legal proceedings were taken, however, against two producers, both of whom were sending their milk to a large dairy. The extent of the adulteration in these cases and the results of the prosecutions are given in the following table

#### Milk Prosecutions, 1952.

No. of Sample	Result of Analysis.	Result of Proceedings.	
		Fine	Costs
J. 494	Contained 5 per cent. of added water	£10	£5.2.0d.
J. 495	Contained 8 per cent. of added water		
J. 497	Contained 12 per cent. of added water	£10	£5.2.0d.



Fat Deficiency. Most of the fat deficiencies occurred in the spring and early summer months when the fat content of milk is lower than at other times of the year. Many of the samples were specifically described as morning milk and this is very liable to contain less than 3.0 per cent. of fat when there is a much longer interval between the afternoon milking and the next morning milking than between successive morning and afternoon milkings. The vendors of these samples had their attention drawn to the results of analysis.

Channel Islands Milk. "Channel Islands Milk" is defined in The Milk (Control and Maximum Prices) (Great Britain) Order, 1951, as milk which -

- (a) is produced from cows of the Channel Islands breeds, and
- (b) which shows on analysis a butter-fat content of not less than 4 per cent., and
- (c) which the producer thereof sells by retail or in respect of which he receives a premium through the medium of a premium contract issued by a Milk Marketing Board, and
- (d) which is labelled "Channel Islands Milk" or "Jersey Milk" or "Guernsey Milk" when sold in a container.

For such milk the public may be charged an extra penny per pint.

The Ministry of Food is responsible for the enforcement of this Order and it has requested that where a Food and Drugs Authority finds a sample of Channel Islands Milk to contain less than 4.0 per cent. but not less than 3.0 per cent. of butter-fat, full particulars, including the name and address of the vendor and of the producer, be sent to the Milk Division of the Ministry of Food in order that appropriate action may be taken.

During the year, 29 samples were submitted as Channel Islands Milk and their average fat content was 4.72 per cent. One informal sample contained only 7.6 per cent. of non-fatty solids and it was therefore deficient in this constituent to the extent of 10 per cent. when compared with the minimum limit of 8.5 per cent. fixed by the Sale of Milk Regulations, while its freezing point showed that this deficiency was due to the presence of at least 13 per cent. of added water. In view of this finding, formal samples were subsequently taken on two occasions from each of eleven churns of Channel Islands Milk received at a dairy from the producer concerned, and although only one of these contained less than 8.5 per cent. of non-fatty solids, viz. 8.40 per cent., the freezing points of no less than 17 of the 22 samples indicated the presence of traces of added water. The producer was interviewed by the Chief Sanitary Inspector and warned, and samples taken since have been satisfactory.

Appeal-to-cow Samples. These are samples of milk taken by a Sampling Officer after he has very carefully supervised the milking of the cows. They are obtained for comparison purposes when a previous sample from the same source has been found to be unsatisfactory and they show the composition of the unadulterated milk given by the cows. During the year eleven such samples were obtained from four herds. Six of them were submitted in connection with five samples where added water was indicated, including those in which legal proceedings were taken, while the remainder were in connection with three of five samples from one producer that were found to be low in fat content.

One of these appeal-to-cow samples contained only 2.64 per cent. of fat while five contained less than 8.5 per cent. of non-fatty solids, the lowest figure for this constituent being 8.33 per cent., but in no case was the freezing point (Hortvet) above  $-0.53^{\circ}\text{C}$ . which is the figure normally accepted as the highest freezing point given by milk that is free from extraneous water. The freezing points (Hortvet) of these eleven samples ranged from  $-0.536^{\circ}\text{C}$ . to  $-0.548^{\circ}\text{C}$ ., the average figure being  $-0.541^{\circ}\text{C}$ .

Average Composition of Milk Samples. The average composition of all the milk samples submitted during the year is given in the next table. The average composition of the Channel Islands Milk and of the 'ordinary milk' samples (i.e. all samples other than Channel Islands Milk) is also shown. -

Average Composition of Milk Samples, 1952.

Variety	No. of samples	Fat per cent.	Non-fatty solids per cent.	Total solids per cent.
Channel Islands Milk	29	4.72	8.78	13.50
Other milk samples	350	3.56	8.66	12.22
All milk samples	379	3.65	8.67	12.32

The average composition of the ordinary milk samples taken in Swansea in each year since 1943 is set out in the following table. It will be noted that in 1952 the figures for both fat and non-fatty solids are somewhat higher than those for the previous year, though there are no very marked variations over the ten years for which the figures are given.

Average Composition of Ordinary Milk Samples,  
1943 - 1952.

Year	No. of samples	Fat per cent.	Non-fatty solids per cent.	Total solids per cent.
1943	321	3.62	8.68	12.30
1944	272	3.61	8.68	12.29
1945	386	3.61	8.71	12.32
1946	260	3.56	8.68	12.24
1947	217	3.59	8.63	12.22
1948	307	3.59	8.79	12.38
1949	255	3.53	8.76	12.29
1950	285	3.57	8.70	12.27
1951	299	3.47	8.64	12.11
1952	350	3.56	8.66	12.22



### Articles other than Milk.

One hundred and seventy-six samples other than milk were submitted during the year. They comprised a wide variety of articles and particulars of the twenty-four samples that were reported upon adversely are tabulated below

Article.	Nature of alleged adulteration or irregularity.
'Butterful' Cake	Contained no butter-fat.
Cheese Spread	Contained 59.6 per cent. of water, being 11.6 per cent. in excess of the maximum water content recommended by Food Standards Committee.
Dripping (two samples)	Consisted of palm kernel oil.
Sweetened Fat	Contained no sugar or other sweetening.
Frying Fat	Rancid. Contained 4.1 per cent. of free fatty acids and showed strong oxidative rancidity.
Ice-cream	Deficient of 4 per cent. of the prescribed minimum fat content.
Ice-cream	Deficient of 6 per cent. of the prescribed minimum fat content.
Ice-cream (two samples)	Deficient of 25 per cent. of the prescribed minimum fat content.
Ice-cream	Deficient of 3.7 per cent. of the prescribed minimum fat content.
Ice-cream	Deficient of 22 per cent. of the prescribed minimum fat content.
Jelly tablets (four samples)	Failed to satisfy the prescribed setting test.
Malted Milk	Rancid. The sample had a strong tallowy odour and the fat showed strong oxidative rancidity.
Shrimps, Canned peeled. (two samples)	The shrimps were not of merchantable quality being very discoloured and having an objectionable astringent taste. The drained shrimps as eaten, contained 950 and 1,120 parts of iron, (Fe) per million, and the brine liquor 1,170 and 1,310 parts of iron (Fe) per million respectively.
Sugared Coconut	The label did not bear the name and address of the packer or labeller, or a registered trade mark.
Thirst Quenchers	Contained 15 per cent. of farinaceous matter, the presence of which was not declared on the label.
Tomato Sauce	The ingredients were not declared on the label as required by the Labelling of Food Order.
Vinegar	Infested with vinegar eels.
Whiskey	Being 39.4 degrees under Proof. Excess water = 6.7 per cent.



'Butterfull' Cake. Towards the close of the year 1951, an informal sample of 'Butterfull' Cake was submitted for analysis. It was found to contain no butter and it was therefore considered that the description of this cake was likely to be misleading. The Town Clerk communicated with the Ministry of Food with regard to it and in reply the Ministry stated that it took a serious view of the matter since it was difficult to imagine what other purpose the name could have other than to mislead a prospective purchaser into thinking that the article was made with butter, and it recommended that a formal sample be taken with a view to the institution of legal proceedings against the manufacturers.

A formal sample of this article was procured early in 1952 and again it was found to contain no butter-fat. The consent of the Ministry of Food having been obtained, legal proceedings were taken against the manufacturers under the Defence (Sale of Food) Regulations, 1943, for giving a label calculated to mislead as to the substance of the article sold. On behalf of the defendants, who pleaded not guilty, it was contended that as the word 'Butterfull' was between inverted commas it had a special significance (it was also part of the registered name of the makers), and also that as the butter ration was so small, no housewife at the present time would think that this article contained any butter. The Stipendiary Magistrate accepted these views and dismissed the summons, but he refused an application for costs against the Corporation. It is significant, however, that the manufacturers have now altered the label on this article.

Cheese Spread. There are no legal standards in this country for cheese and cheese products, but the Food Standards Committee appointed by the Ministry of Food to review the composition of foods and to recommend standards based on quality and nutritional value, designed to protect consumers against the sale of inferior products, has considered a proposal from Associated Cheese Processors, Ltd., (affiliated to the Food Manufacturers' Federation) that standards should be prescribed for processed cheeses and for cheese spreads. In July 1949 the Committee issued a Report on this matter which contains a summary of the evidence received from the trade and other interested parties, paragraph (x) of which reads as follows:

"Cheese spread was described as a product consisting of a mature hard cheese as base with the addition of milk products such as skim-milk, butter, etc. In U.S.A. the base of cheese spread is Cheddar cheese, with the addition of milk powder and butterfat emulsified with a little water to make it soft and spreadable. Before the war there was a popular demand for cheese spreads in Great Britain but some inferior products had a water content as high as 62 per cent."

After consideration of all the evidence presented, the Food Standards Committee made the following recommendation in respect of cheese spread:-

"Cheese spread is cheese prepared to spread easily by the addition of one or more milk products, with or without the application of heat. Emulsifying salts, colouring matters, and flavouring substances may be added. It shall have a minimum content of 45 per cent. of butter fat in the dry matter and a maximum content of 48 per cent. of moisture."

Although the recommendations of this Committee have not been given statutory effect it seems desirable that when samples fail to conform with them they should be regarded as unsatisfactory. The sample of cheese spread submitted contained 59.6 per cent. of moisture and 19.0 per cent. of butter fat, or 47.0 per cent. of butter fat in the dry

cheese. The moisture content was 11.6 per cent. in excess of the recommended limit and accordingly the spread, which was imported from the Continent, was reported upon adversely. The Town Clerk reported the matter to the Ministry of Food.

Ice-cream. Because of shortages of fats and milk powder, the Minister of Food decided in July, 1952, to lower the standards for fat and non-fat milk solids in ice-cream rather than make a reduction in the supplies of this commodity. As stated earlier in this report, the minimum fat content was reduced from 5 per cent. to 4 per cent. and the minimum non-fatty milk solids content from 7.5 per cent. to 5 per cent., the minimum sugar content being maintained as formerly at 10 per cent.

Six of the 24 samples of ice-cream submitted for analysis were deficient in fat. When a sample was found to be unsatisfactory the vendor was cautioned and a further sample was taken later from this source. In one case where the deficiency was large and the subsequent sample showed practically no improvement, legal proceedings were taken and the vendor, who was also the maker of the ice-cream, was fined £20 and £1.11.6d. costs.

The average fat content was 6.6. per cent. and the average total solids content 31.1 per cent. These figures are very similar to those found for the two preceding years.

Fats. A sample submitted as "Sweetened Fat" proved to consist of palm kernel oil and to contain no sugar or other sweetening material. On a subsequent visit by the Sampling Officer to the shop where this was obtained, samples of a product sold as "Dripping" were also found to be palm kernel oil. The vendor who had only a small mixed business was interviewed by the Chief Sampling Officer and cautioned. He has since discontinued the sale of this article.

A sample of fat taken from a fish frying range following complaints regarding the taste of the fried food contained 4.1 per cent. of free fatty acids (indicating that the fat had undergone considerable decomposition) and showed strong oxidative rancidity. It was evident that this fat had been used for too long a period and it was rejected. Another sample taken from the unused stock was satisfactory. It had the characters of palm kernel oil, contained only 0.1 per cent. of free fatty acids and showed no oxidative rancidity.

Canned Peeled Shrimps. Two samples of canned peeled shrimps in brine were very discoloured and unpalatable. Although the interior of the cans had been lacquered and the shrimps were packed in parchment, much of the lacquer had become detached, thus exposing the metal to the action of the brine. Both the drained shrimps and the brine liquor were found to contain very excessive quantities of iron, some of which was present as sulphide of iron, to which the discoloration and objectionable taste were undoubtedly due. These samples were obtained in consequence of complaints and the rest of the stock was destroyed.

Potable Spirits. One sample of brandy, two of gin, one of rum and two of whiskey were submitted during the year for analysis. With the exception of one sample of whiskey that contained only 60.6 per cent. of proof spirit whereas the legal minimum is 65 per cent., these samples were genuine. The vendor of this adulterated whiskey containing excess water amounting to 6.7 per cent. was summoned. The case was proved but the defendant was given an absolute discharge on payment of £5 costs.

Food Labels. The Labelling of Food Order provides that, in general, the labels of pre-packed foods must bear the name and address of the packer (or a registered trade mark), the common or usual name of the



food, and the specific names of the ingredients in descending order of the proportions in which they were used. Three samples, comprising sugared coconut, thirst quenchers and tomato sauce, were improperly labelled in one or more of these respects, and the attention of the packers was drawn to the requirements of the Order.

Other Articles. Suitable action was taken by the Chief Sanitary Inspector in respect of the other articles that were reported upon adversely.

#### MISCELLANEOUS SAMPLES.

In addition to the work carried out under the Food and Drugs Act, 43 samples have been examined for various departments of the Corporation and 21 for the Swansea Port Health Authority. Brief particulars of these are given below.

Public Health Department. Thirteen samples of water were submitted by the Public Health Department for examination for organic purity and their general suitability for drinking and domestic purposes. The sources of these samples and the conclusions drawn from the analytical results were summarised in the following table.

Water Samples, 1952.

Source	Number examined	Number satisfactory	Number unsatisfactory
From reservoirs	2	2	-
From standpipes	2	2	-
From house bib-taps	6	6	-
From spring	2	1	1
From hatch-box	1	1	-
Total:	13	12	1

The unsatisfactory sample was the first of two samples from a spring and it contained much readily oxidisable matter. A further sample taken some months later was of satisfactory quality. There was no lead in any of the samples from piped supplies.

Weights and Measures Department. Twenty-five samples were submitted under the provisions of the Fertilisers and Feeding Stuffs Act, 1926, by the Chief Inspector of Weights and Measures. This Act requires Statutory Statements of composition to be given with fertilisers and feeding stuffs, and Regulations under the Act prescribe limits of variation between these statements and the actual composition of the articles.

Fifteen of the samples consisted of fertilisers and ten were feeding stuffs. The particulars given with ten of the fertilisers and seven of the feeding stuffs were correct within the limits of variation permitted by the Regulations, but the irregularities in the others were not of a serious nature; indeed almost all of the deviations from the guaranteed figures were due to a slight excess of some constituent.

Borough Architect's Department. The three samples examined for this department consisted of sand, cement and water.

Swansea Port Health Authority. Fifteen samples of imported canned fruits and six of imported canned meat products were submitted by the Port Health Authority for analysis. They were all of satisfactory quality; they complied with the Preservatives in Food Regulations and there was no excessive metallic contamination in any of the samples.



OFFENSIVE TRADES.

Accumulations removed	...	...	4
Cleanliness improved	...	...	2
Floors or walls repaired	...	...	2

MISCELLANEOUS.

Shop condemnations	...	...	51
Canteens	...	...	4
Food premises	...	...	6
Other registered food premises	...	...	10
Visits to food premises re			
Dog Notices	...	...	262
Visits to Laboratory	...	...	36
Visits to Cinemas	...	...	1
Visits re Rag Flock Act	...	...	32
Re-visits	...	...	9
Visits to Rag and Scrap yards	...	...	2
Visits re Pet Animals Act	...	...	30
Piggeries	...	...	2
Renewal of Lease	...	...	15
Land Charges	...	...	5
Application re Corporation Houses	...	...	153
Complaints to Water Engineer	...	...	28
"    "    Borough Engineer	...	...	71
Plans examined - satisfactory	...	...	419
"    "    - unsatisfactory	...	...	55
Local Land Charges Enquiries	...	...	730

Infectious Diseases Enquiries.

Para-typhoid	727
Sonne Dysentery	19
Miscellaneous	535

DISINFESTATION.

Sprayings etc:-

Rooms disinfected	555
Rooms sprayed	729
Bedding destroyed	8

Rodent Control (Dwellings and Business Premises).

Visits	3,870
Baits laid	43,618
"    taken	27,117
Estimated kill - Rats	10,224
- Mice	1,995
Bodies found - Rats	714
- Mice	98

Rodent Control in Sewers.

The control of Rodents in Sewers was continued during 1952 with the following results:-

	No. of Manholes baited.	No. of Partial Takes.	No. of Complete Takes.	No. of Takes Total.	No. of No Takes.
Foul Sewers	5,357	3,528	783	4,311	1,046
Surface Water Drains	890	485	2	487	403
	6,247	4,013	785	4,798	1,449

4,798

6,247

Treatment, as before, consisted of:-

1. Bread Mash & 10% Arsenic.
2. Sausage & Rusk & 2 $\frac{1}{2}$ % Zinc Phosphide.

# **APPENDIX.**

**A Special Survey  
of the  
Local Health Services  
provided under  
the National Health Services Acts  
prepared  
in accordance with  
Circular 29/52 (Wales),  
dated the 19th August, 1952.**

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## P R E F A C E.

When the idea of the National Health Service was conceived, it was realised by all concerned in health administration that a measure so revolutionary would be full of problems during the first few years it was in operation. Doubts and ambiguities occurring during the early period of its administration would only be cleared up in the course of time. Now in its fifth year of working, it is apparent that many of the teething problems concerned with the administrative arrangements have been or are about to be overcome. However, there still remains the greatest problem of all, the co-ordination of the three separate units of the Health Service. Many efforts are being made in this direction, but it does seem that, so far, there has been no complete answer for each unit is controlled by a different statutory authority mainly concerned with its own entity. I am not certain that the problem will be finally solved whilst the administrative framework is in its present form, but we can go a long way towards settlement if the officers working in the three separate units show an abundance of goodwill towards one another. The original Act was put on the Statute Book "to promote ..... a comprehensive health service, designed to secure improvement in the physical and mental health of the people ..... and the prevention, diagnosis and treatment of illness....." Each unit of the service has a very important part to play individually and collectively in achieving these ideals. If the main object of the service is continually kept in mind - that it is a service for the people - and the three units co-operate to achieve this end instead of working in isolation, then all should be well.

I now turn to a review of the local health authority's services existing as at the end of 1952, and a general review of their working as part of the wider National Health Service.

- (a) Care of Mothers and Young Children. Health education lectures have been firmly established at the Clinics. Due to the building of new housing estates, attention is being given to the re-distribution of the centres in areas which are more convenient for the mothers to attend.
- (b) Midwifery Service. The scheme is working smoothly. No difficulty has been experienced in the staffing position. The number of domiciliary confinements is decreasing largely as a result of more cases being confined in hospitals, as well as a falling birth rate. Nevertheless, the decrease in the amount of work undertaken by midwives is more apparent than real since they have to provide post-natal care for many mothers discharged from hospital before the 14th day.
- (c) Health Visiting. The problem here is the shortage of suitable staff. As a result of this, existing health visitors find that the greatest portion of their time is still being spent on the care of mothers and young children. Nevertheless, progress is being gradually made with regard to their extended functions as family advisers and this authority will be ready to proceed with the work as laid down in the Act as soon as the necessary personnel are available.
- (d) District Nursing. There was no experience of this service at the commencement of the Act. It has developed rapidly, and the demands for its services have increased considerably. These have been met at all times and the service is running smoothly and most efficiently.



(e) Vaccination and Immunisation. Arrangements have been made for vaccination and immunisation to be undertaken at all clinics as well as by the General Medical Practitioners. Despite the great amount of propaganda made by the Department, there has been a fall in the number of children who are being vaccinated and immunised. Intensive efforts are now being made to correct this position and, as a start, a mobile diphtheria immunisation clinic has been established to visit the people in their homes.

(f) Ambulance Service. There is a continued increase in the demand for the service, largely attributable to the greater volume of out-patient work being undertaken at the hospitals and the number of patients attending the Chest and Orthopaedic Clinics. The installation of the radio-telephone system has proved its value both in time and expense.

(g) Prevention of Illness, Care and After-Care. As far as Tuberculosis is concerned, there has been improvement in the liaison work of the Chest Consultant and Health Visitors. B.C.G. vaccination is undertaken and the scheme is operating smoothly. Regarding other diseases, there is much to be done, but a start has been made in so far as two health visitors now attend hospitals and devote more of their time to after-care, especially in regard to asthmatics, cardiacs, diabetics, chronic sick and peptic ulcer cases.

(h) Domestic Helps. There is a heavy demand for the service. A greater number of applications are now being received for appointments as Domestic Helps, and priority is given to those women who are prepared to work in tuberculous households. The biggest problem confronting the service is to strike a balance between the short term emergency case, the indispensable minimum service available to deserving long term cases and the amount of money which the ratepayers as a body can reasonably afford to finance the service.

(i) Mental Health Service. Before the introduction of the Act, no difficulty occurred in placing a mental defective in an institution or place of safety, but to-day the reverse holds true and the parents are experiencing much hardship and are suffering from untold anxiety.



# S T A F F.

Medical Officer of Health.	E.B. Meyrick, M.R.C.S. (Eng.) L.R.C.P. (Lond)., D.P.H.
Deputy Medical Officer of Health.	R. Glenn, M.B., B.Ch., B.A.O., D.P.H.
* Lay Administrative Officer.	T. Leonard James, C.R.S.I.
Maternity & Child Welfare Medical Officer. )	Gwyneth Ellis, M.B., B.S.
Medical Supervisor of Midwives. )	
Consultant Chest Physician.	T.W. Davies, B.Sc., M.B., B.Ch., D.P.H., M.R.C.S., L.R.C.P.
" Ophthalmologist.	F.G. Hibbert, M.B., F.R.C.S., D.O.M.S.
" Orthopaedic Surgeon.	G.D. Rowley, B.Sc., M.P., Ch.B., M.Ch.
" Ear, Nose & Throat Surgeon.	C.P. Robinson, F.R.C.S., M.Ch., M.B., B.Ch., B.A.O.
" Ear, Nose & Throat Surgeon.	J. Crowther, F.R.C.S., M.B., Ch.B.
" Paediatrician.	R.T. Jenkins, M.R.C.S., M.R.C.P., D.C.H.
Senior Dental Surgeon.	Herbert N. Tiplady, L.D.S.
Superintendent Health Visitor. )	Miss M.E.I. Davies, S.R.N., S.C.M.
Supervisor Domestic Helps. )	H.V.C.
Senior Orthopaedic Nurse.	Miss Constance Thurston, M.C.S.P. Orth. Cert.
Lay Supervisor of Midwives.	Miss M.A. Arthur, S.R.N., S.C.M.
Midwifery Teacher.	Mrs. R.J. Ratcliffe, S.R.N., S.C.M.
Superintendent District Nurse.	Miss I.M. Davies, S.R.N., S.C.M., Q.N.
Ambulance Officer.	A.H. Norton.
<u>Mental Health Staff.</u>	
Part-time Medical Officer.	Gwyneth Ellis, M.B., B.S.
" " " "	G.M. George, B.Sc., M.B., B.Ch., D.R.C.O.G.
" " " "	N.G. Richards, B.Sc., M.B., B.Ch., D.C.H.
Senior Supervising and Authorised Officer.	Miss G.G. Williams, S.R.N., S.R.F.N., S.C.M., Cert. of R.M.P.A.
Assistant Supervising and Authorised Officer.	L.J. Trafford.
Superintendent - Industrial Centre.	S.G. Webber.
Assistant " " "	A.J. Penhallow.
Superintendent - Occupation Centre.	Miss E. Goodwin.
Assistant " " "	Miss G. Evans.
Assistant " " "	Mrs. R. Screech.
(Temporary)	

\* Part-time Duly Authorised Officer.



* Chief Clerk.	S.F. Fisher.
Administrative Assistant - Health Services.	J.H. Smith, A.C.C.S.
* " " - Welfare Services.	T.H. Edwards, D.P.A.
" " - Finance.	H.G. Austin.

\* Part-time Duly Authorised Officer.

ADMINISTRATION.

The services provided under the National Health Service Acts are administered by the Council through its Health Committee. There are no co-opted members on the Health Committee.

Matters of importance requiring detailed consideration are referred to a Health Standing Sub-Committee for investigation and report. There is also a Tuberculosis Sub-Committee, and the Local Chest Consultant has been co-opted on this Committee. The staff of the department is under the direction and control of the Medical Officer of Health assisted by a Deputy Medical Officer of Health. Co-ordination of the various sections of the services within the department is undertaken by the Lay Administrative Officer. The supervision of the respective sections of the service within the department are undertaken as shown below:-

An Assistant Medical Officer has been designated Maternity and Child Welfare Medical Officer responsible for the maternity and child welfare service including vaccination and diphtheria immunisation. She is also the Medical Superintendent of Midwives.

The Dental Service is supervised by a Senior Dental Officer.

The Health Visiting Service and Domestic Help Service are supervised by the Superintendent Health Visitor who is also the Superintendent School Nurse.

The Midwifery Service is supervised by a Medical Supervisor (the Maternity and Child Welfare Medical Officer) assisted by a whole-time Non-Medical Supervisor who is a trained nurse and certified midwife.

The Home Nursing Service is supervised by a Superintendent District Nurse.

The Ambulance Service is supervised by the Lay Administrative Officer, but the day to day operational control is in charge of the Ambulance Officer.

The Prevention, Care and After-Care services and Mental Health Services are supervised by the Lay Administrative Officer, assisted in the case of the Mental Health Services by a Senior Supervising and Authorised Officer.

Joint arrangements have been made with Carmarthenshire County Council in respect of the care of unmarried mothers and Glamorgan County Council with respect to requests for emergency ambulance transport in areas adjacent to the common boundaries of the authorities.

CO-ORDINATION AND CO-OPERATION WITH OTHER  
PARTS OF THE NATIONAL HEALTH SERVICE.

(a) Hospital and Specialist Services.

Certain members of the local authority's health committee are also members of the Hospital Management Committee. In this manner the health committee is kept partly informed of the decisions of the Hospital Management Committee. At other times conferences have been called at which officers of both bodies have discussed their problems. The Hospital Management Committee has been regularly forwarding to the Local Health Authority discharge notes containing information regarding patients discharged from hospital. This applies particularly to children, premature infants born in maternity hospitals, maternity patients discharged before the

fourteenth day after confinement and many elderly and infirm cases requiring after-care. The local health authority also reciprocates by supplying any special report on home conditions which is required by the hospital authorities, and in the completing of information assessing the home circumstances of applicants for admission to maternity hospitals. The Medical Officer of Health is also a member of the Medical Staff Committee of the Hospital Management Committee and a member of the Liaison Committee of the Regional Hospital Board and Local Authorities.

(b) General Practitioner Services.

In this case too, certain members of the local authority health committee are also members of the Local Executive Council, and this is instrumental in keeping the Health Committee partly informed of the work being undertaken by the Council. Conferences of officers are called to discuss points of common interest. The Medical Officer of Health is a member of the Obstetric Committee of the Local Executive Council. He is also a member of the Medical Committee of the British Medical Association and is thus able to acquaint the medical members of any new local health authority developments and the working procedure. It also affords an opportunity for both sides to ventilate difficulties and exchange experiences.

(c) Ways in which medical officers, health visitors, midwives or nurses employed in Local Health Services are co-operating in the care of patients under treatment (a) at hospitals and (b) by general medical practitioners.

(i) Medical Officers.

The Assistant Medical Officers refer patients to the Consultant Obstetrician but take no part whatsoever in the hospital treatment of the patients. Many ante-natal patients under the care of general medical practitioners attend also the ante-natal clinics.

(ii) Health Visitors.

During the latter half of 1952, arrangements were completed with the Medical Superintendent of Morriston Hospital for health visitors to attend at ward rounds, consultations and out-patients to provide the relevant information to the hospital regarding the family history and home conditions whilst, at the same time, becoming conversant with the requirements of the patients on their discharge. The patients are kept under observation in their own homes by the health visitor who also ensures that the instructions are understood and carried out.

During 1951 arrangements were made for the health visitors to hold case discussions with the Consultant Chest Physician regarding each case of tuberculosis within the health visitor's district. The discussions have been held every three months or if necessary at more frequent intervals. This arrangement has been extremely beneficial to all concerned. The degree of co-operation between health visitors and general practitioners though at first almost negligible, is steadily increasing. Some resentment is still being experienced from a few general practitioners.

(iii) Midwives.

Midwives of the authority do not participate in the care of patients under treatment at hospitals, but of recent years they have had to continue the post-natal nursing of maternity cases discharged from hospital before the fourteenth day. There is however a close liaison between the midwives and the general medical practitioners in the ante-natal and post-natal care of mothers.



(iv) District Nurses.

District Nurses are given the opportunity of attending the hospitals to study modern techniques and keep abreast with latest developments. The liaison between the general medical practitioner and the district nurse in the care of domiciliary patients is an excellent example of the results that can be achieved when two branches of the health service are determined that the patient is to receive the very best treatment. The nurses take instructions from the general medical practitioners regarding the medical care of the patient and are encouraged to seek his advice whenever they are in doubt. Unfortunately, however, there are some general practitioners who are apt to exploit the nursing service and it is felt that some of the work they ask the nurses to do should be done by the doctors themselves.

(d) Assessment of effectiveness of these arrangements - suggestions for improvements.

The arrangements outlined under this heading with regard to the co-ordination and co-operation between the respective divisions of the health service have all played an effective part in the improvement of the health service. Nevertheless it is felt that there is room for further improvement under the following headings.

(i) Medical Officers.

A feature of our scheme for the care of expectant mothers before the introduction of the National Health Service Act was that the doctors attending the mothers at the ante-natal clinics attended their cases at the maternity hospitals. The mothers appreciated this arrangement for generally the doctor who had been attending the mother ante-natally was also the doctor who attended her at the hospital. The doctor was fully aware of the case history of her patient which was to the mutual advantage of both. It also afforded the doctor an opportunity of gaining continual practical experience in obstetrics. With the introduction of the National Health Service Act this arrangement ceased. Provision is made in the local authority's scheme whereby all Assistant Medical Officers employed in the Maternity and Child Welfare Service should hold part-time posts in the Maternity Hospitals. If such an arrangement is brought into being it would be most advantageous to both mothers and assistant medical officer alike and would certainly improve matters considerably.

(ii) Health Visitors.

As soon as there is a sufficient number of health visitors available for employment, consideration will be given:-

- (a) to the expansion of the liaison work which is at present being undertaken in hospitals.
- (b) for the full development of the prevention, care and after-care of the tuberculous and chronic sick.
- (c) environmental research into health and disease, including economic and social conditions.
- (d) co-ordination between Preventive and Industrial Medicine.
- (e) Problem Family Prevention.

(iii) General Medical Practitioners.

As a result of many discussions at the Medical Liaison Committee, arrangements have now been made whereby the Local Health Authority (and the school health service) will inform all family doctors of the diagnosis or treatment made by the consultants and assistant medical officers regarding any of their patients attending the local authority clinics. It has also been agreed that the family doctor will inform the local authority of any treatment given by him to an adult patient whom he is aware is attending a local authority clinic. It is hoped that as a result of this arrangement, there will be a better understanding between this department and the general medical practitioners.

(iv) Arrangements have been made (now operative) for all expectant mothers attending the ante-natal clinics to have their chests x-rayed by the Chest Consultant.

(e) Steps taken to inform general practitioners and the public of the services available.

General practitioners are kept informed of the services available or of any changes affecting them by circular letters, through the medium of the British Medical Association Local Medical Committee and Obstetrical Committee of the Local Executive Council.

The public are kept informed through the medium of the officers employed in the health department.

A guide to the Local Health Services has been published. It was revised a short time ago and a copy has been supplied to:-

- (i) All Council members.
- (ii) Voluntary Organisations.
- (iii) The local hospitals.
- (iv) The Local Executive Council.

The guide contains information regarding all the services available locally under the National Health Service Acts and has been prepared by this department in co-operation with the Glantawe Hospital Management Committee, the Cefn Coed Hospital Management Committee and the Local Executive Council.

3. JOINT USER OF STAFF.

- (a) One female doctor in general practice works on an average four sessions weekly for the department. Her services are almost entirely devoted to the School Health Service, but exceptionally, in the case of sickness, she conducts infant welfare and ante-natal clinics.
- (b) Arrangements for medical or other officers employed by the authority to work part-time in the Hospital and Specialist Services.

The Maternity and Child Welfare Officer, who is also the Medical Supervisor of Midwives, devotes five sessions weekly to the Regional Hospital Board. Four of these sessions are spent in the Auxiliary Clinic and the other is spent in the Gynaecological Clinic. Both these clinics are held at one of the local health authority's centres - Eaton House Clinic - and the services are administered on behalf of the Regional Hospital Board on an agency basis.



The equivalent of two sessions per week is spent by health visitors at the Auxiliary and Gynaecological Clinics.

- (c) Arrangements for Consultants or other medical staff employed by the Regional Hospital Board to work in the authority's service.
- (i) Eyes - The ophthalmologist attends the Central Clinic, Troed-Y-Bryn, Mount Pleasant, 3 sessions per week. The local authority's 'eye' work is centred at this clinic.
  - (ii) Orthopaedics - The orthopaedic surgeon attends the Authority's Orthopaedic Clinic 2 sessions per month.
  - (iii) Ear, Nose & Throat. - Two consultants attend the Central Clinic, one session each per month.
  - (iv) Paediatrics - The paediatrician attends Eaton House Clinic once per month.
  - (v) Tuberculosis - The Chest Consultant's services are available when required.
  - (vi) Obstetrics - The local authority operates a 'Flying Squad' for domiciliary midwifery. It is staffed by midwives in conjunction with a consultant obstetrician who is available on call when required.

#### VOLUNTARY ORGANISATIONS.

#### 4. Use made of Voluntary Organisations in the Local Health Services.

(i) Cwmdonkin Shelter.

Unmarried mothers attending ante-natal clinics are advised to contact "The Cwmdonkin Shelter". They remain there until and after their confinement which takes place at a local hospital. Normally the children are adopted.

(ii) The N.S.P.C.C.

Case conferences on problem families encountered by the health visitors on their districts are attended by the Inspector of the N.S.P.C.C.

(iii) The Brighton Guardianship Society for mental defective cases.

(iv) The Council makes annual subscriptions to several voluntary organisations whose work is closely connected with that of the health services.

#### PARTICULAR SERVICES.

#### 5. CARE OF EXPECTANT & NURSING MOTHERS AND CHILDREN UNDER SCHOOL AGE.

Expectant & Nursing Mothers.

There are seven centres in the area where ante- and post-natal clinics are held and the number of weekly sessions is 14. The clinics are attended chiefly by women who hope to be confined in



hospital. It is only rarely that a midwife's patient attends the local health authority's ante-natal clinic. Post-natal examination is done at an ante-natal session, but, at one centre, a session a week is devoted to it. Patients are sent for about six weeks after delivery. Blood tests, W.R. and determination of Rh. factor are performed on all patients attending the ante-natal clinics. Normally all patients attending the ante- and post-natal clinics are seen by an assistant medical officer, but there are occasions when it is necessary to call upon the services of our midwives to conduct examinations.

No assistance is given at clinics in general practitioners' own premises.

No specialist clinics are provided for expectant mothers. Patients in need of specialist opinion are referred to the Obstetrician at either Morriston or Swansea Hospitals and are seen at the Gynaecological Clinic there. Unmarried mothers attended the ante-natal clinics. Those in need of special care are referred to the "Cwmllonkin Shelter" - a voluntary organisation, where they remain until and after confinement which takes place at a local hospital.

Joint arrangements have also been made with other local health authorities and Carmarthenshire County Council for the reservation of beds for unmarried mothers at Plasnewydd Hostel, Burry Port.

Mothercraft training is provided at the ante-natal clinics. Talks are given by health visitors to groups of mothers while they are waiting to be seen by the doctor. The majority of patients appreciate these talks and the health visitors report that the knowledge gained is being put into practice at home. Suitable literature is also sold at the clinics. Advice is also given to the mothers with regard to simple exercises which have been designed to teach the art of complete relaxation. Consideration is now also being given to the question of the orthopaedic nurses giving instructions in these exercises to the mothers so that they can perform them in their own homes.

Also during the year arrangements were made with the W.V.S. for cups of tea and biscuits to be sold at the clinics whilst the mothers are waiting. This scheme is in operation in four of the nine centres and has been well received. The local authority has provided all the equipment, the W.V.S. supplying the personnel, tea, milk and biscuits. A nominal charge is made by the W.V.S.

Maternity outfits are kept at the home of each domiciliary midwife and are supplied by them free of charge to all patients who are being confined at home.

The following table shows the number of women who attended the ante-natal and post-natal clinics during the year, together with the number of attendances made.

	Number of clinics provided at the end of the year.	Number of sessions now held per month at the clinics.	Number of women in attendance.		Total attendances made during the year.
			Number of women who attended during the year.	Number of new cases for A.N. Clinics who had not previously attended any clinics during current pregnancy and for P.N. Clinics who had not previously attended a P.N. Clinic after last confinement.	
Ante-Natal Clinics.	7	52	2,564	1,889	16,507
Post-Natal Clinics.	1	4	*997(687)	* 967(678)	*1,182 (833)

\* In these three columns the first figure shown relates to the total post-natal work undertaken. The figures in brackets indicate the patients and attendances in respect of post-natal cases seen at Ante-Natal Clinics.

The following statement shows the number of women attending the ante-natal clinics during the five years 1948-1952, together with the total attendances.

<u>Year.</u>	<u>No. of women attending.</u>	<u>Attendances.</u>
1948	2,608	18,417
1949	2,937	17,595
1950	2,707	17,402
1951	2,448	17,202
1952	2,564	16,507

It will be noted that the number of women attending and the attendances made over the period follow the pattern of the birth rate. There has been a slight decrease in the average attendance, but there is no indication of a general decline.

#### Child Welfare.

Infant Welfare Clinics (16 sessions in all) are held at nine centres in the town. A new centre was opened during the year at the Public Hall, Waunarlwydd, where one session a week is held. This centre caters for a new housing estate which is in the process of development in this area. It also provides for the few mothers who live on the fringe of the borough boundary and who formerly attended the Infant Welfare Clinic at Gowerton (in the area of Glamorgan County Council).

Negotiations are still taking place with a view to acquiring or renting premises in the Treboeth and Killey districts of the town so that infant welfare clinics can be established there. Arrangements are also in progress to establish a new clinic in the West Cross area, where a new large housing estate has been built. When the premises have been completed, the present clinic in the Mumbles will be closed, as the new premises will be more commodious and centrally situated for the entire Mumbles population.

Mothercraft training is continued at the infant welfare clinics under the direction of the health visitors. Suitable literature is available for sale to the mothers. During the last two years this field of health education has been well developed and is supplemented by the health visitors when they make their routine home visits.

Children requiring orthopaedic, E.N.T., Eye, or dental treatment are referred to the Authority's special clinics for this purpose.

A consultant paediatric clinic is held once a month and children from infant welfare clinics as well as those of school age attend.

A number of infants also receive attention to defects at Minor Ailment Clinics, run conjointly with the School Health Service.

The following table shows the number of children who attended the Centres during the year together with the number of attendances made.



Number of Centres provided at the end of the year.	Number of Child Welfare Sessions now held per month at these Centres.	Number of children who attended during the year.	Number of children who first attended the centres during the year, and who on the date of their first attendance were:-		No. of children in attendance at the end of the year who were then:-		Total number of attendances made by children during the year.	
			Under one year of age.	Over one and under five years.	Under one year of age.	Over one and under five years.	Under one year of age.	Over one and under five years.
9	64	4,427	1,641	603	1,704	2,461	14,145	6,322

The following table shows the number of children who attended the centres during the years 1948-52, together with the number of attendances made.

<u>Year.</u>	<u>No. of children attending.</u>	<u>Total Attendances.</u>
1948	6,175	31,148
1949	5,053	24,216
1950	4,611	25,203
1951	4,504	21,156
1952	4,427	20,467

It will be noticed that there has been a decline in the number of children attending. There are two factors to be considered in this connection. The first is the decrease in the number of births. The second is the building of new housing estates on the outer perimeter of the town, and this involves longer journeys for the mother, who may not be able to afford the time nor the cost of transport.

Consideration will have to be given in the near future to the building of new clinics on these housing estates. As soon as capital restrictions are released, it may be possible to establish health centres throughout the Borough and this fact is constantly borne in mind in planning new clinic premises.

#### Minor Ailment Clinics.

A number of children under five years of age received minor ailment treatment at the clinics and the following table shows the extend of treatment during the year.

<u>Number of Defects treated during the year.</u>		
Ringworm, scalp	...	1
Ringworm, body	...	2
Scabies	...	10
Impetigo	...	55
Other diseases of the skin	...	10
Eye disease, external and other, (but excluding errors of refraction, squint and cases admitted to hospitals)	...	40
Ear defects, excluding serious diseases of the ear	...	16
Miscellaneous (e.g. minor injuries, bruises, sores, chilblains etc.)	...	217
Total defects treated	...	351
Total attendances	...	836



### Defective Vision and Squint (excluding minor ailments).

Number of defects dealt with:-

Errors of refraction	...	...	516
Total attendances	...	...	516
Attendances for special examinations	...	...	105
Attendances for re-examinations	...	...	411
Number of children for whom spectacles were prescribed	...	...	93
Number of children for whom spectacles were obtained	...	...	44
Number of children who received operative treatment for defective vision and squint	...	...	9

### Infestation with Vermin.

Four children under five years were treated at the cleansing centres during the year who made a total of nine attendances.

### Orthopaedic and Postural Defects.

The following table shows the work undertaken at the Orthopaedic Clinic in respect of children under five years.

New cases treated during the year	...	319
Old cases who continued treatment during the year	...	398
Total number receiving treatment	...	717
Total attendances by these patients	...	10,589
No. of special cases seen by doctor	...	182
No. of re-examinations by doctor	...	127
No. of cases treated at hospitals	...	17

### Care of Premature Infants.

At the end of the year 1952, no special domiciliary provision had been made for the care of premature infants. However, arrangements had been completed for this part of the approved scheme to be put into operation during 1953 and, at the time of writing this report, equipment has been received and three midwives trained for these special duties at Sorrento Hospital, Birmingham.

The following scheme was submitted to and approved by the Health Committee in November.

#### Care of the Premature Infant.

#### Intro- duction.

The facilities available in the County Borough of Swansea for the care of the premature infant are extremely limited and need much further development. Ideally all these infants should be admitted to hospitals which have established Paediatric Units, but no such facilities are available in the Glantawe Hospital Management Committee's area. Indeed, I am informed that there are only two hospitals in Wales which have Paediatric Units, namely, The St. David's Hospital, Cardiff, and the Neath General Hospital. The accommodation available in the latter hospital is unfortunately limited to the Neath, Briton Ferry and Port Talbot areas.

The difficulties of establishing a Paediatric Unit at a hospital appear to be threefold, namely, the lack of finance, suitable accommodation and a shortage of staff especially trained in the care of premature infants. I have been informed that there is no prospect of establishing a Paediatric Unit in the Glantawe area in the immediate future.

LOCAL HEALTH  
AUTHORITY  
Scheme made  
under Section  
22 of the  
N.H.S. Act  
1946 (Care  
of Mothers  
and Young  
Children).

However, apart from the hospital treatment of premature infants, care of great value can be undertaken in dwelling houses. In fact there is an obligation on the part of local health authorities to provide facilities which will assist in the preservation of lives of premature infants not transferred to a Paediatric Hospital Unit. The Scheme made by the Council in respect of Section 22 of the National Health Service Act, 1946, and approved by the Welsh Board of Health contains the following provisions:-

1. All facilities will be provided by the Local Health Authority to assist in the preservation of the lives of premature infants not transferred to a Paediatric Hospital Unit.
2. The Midwives and Health Visitors' services will be available to take part in this work.
3. Cots, incubators and special clothing will be provided on loan by the Local Health Authority. Co-operation will be sought with any Milk Bank organised by the Regional Hospital Board.
4. The services of a Paediatrician will be available.
5. The Hospital Authorities will be asked to notify discharges of premature infants to enable them to be followed up.
6. Home Helps will be available to assist in the household.
7. Transport arrangements will be available for the transport of infants to hospital.

THIS SCHEME HAS NOT YET BEEN IMPLEMENTED.

MINISTRY OF  
HEALTH  
Circular  
20/44 dated  
20th March  
1944 issued  
to local  
authorities -  
Care of  
premature  
infants.

This circular states that the Minister of Health requested the Advisory Committee on the Welfare of Mothers and Young Children to look into the question of the care of the premature infant, in view of the important bearing of this matter on the problem of neo-natal mortality. The Committee referred the question to their Medical and Professional Sub-Committee whose report has been adopted by the Advisory Committee. The Minister accepted the recommendations of the Committee. All these recommendations have been included in the Local Health Authority Scheme with the exception that the Committee also attached importance to the provision of a separate and suitably heated bedroom for the mother and infant.

ORGANISATION  
OF A DOMICIL-  
IARY PREMATURE  
INFANT  
SERVICE.

1. Suitable Accommodation.

A separate bedroom, suitably heated, should be available for the mother and infant. This requirement will prove extremely difficult in practice, but every endeavour should be made towards this end.

2. Midwives and Health Visitors' Services.

Midwives.

A study of the number of premature infants born in the area over the last five years has shown that at least three specially trained midwives should be available. It will therefore be necessary for three of the present midwifery staff to be trained in this work. Training can be undertaken at either Birmingham, Cardiff or London.

On completion of training, I consider that the trained midwife should be given a "reduced" area for normal midwifery. This is considered necessary as a premature infant requires more nursing attention for a longer period than an ordinary case.

ORGANISATION  
OF A DOMICIL-  
IARY PREMATURE  
INFANT  
SERVICE.  
(Cont'd)

Thus, when there is a specially trained midwife available and a premature infant is born in a district other than her own "reduced" district, she will take over the case, having of course informed the family doctor.

If the number of premature infants is such that she is fully occupied with their care, arrangements will be made for her normal cases to be transferred to another midwife.

The midwife will normally be responsible for nursing the premature infant until the 28th day, such period to be extended if considered necessary.

Health Visitor.

The Health Visitor will take over the case after the midwife. She will make frequent visits in the first three months particularly, and will give advice as to the care of the infant and mother.

3. Household arrangements.

Cots and Special Clothing.

It is considered necessary for four cots to be available. These should be draught proof, each fitted with a detachable lining for holding hot water bottles. A supply of warm and suitable clothing must also be available. The number of cots is based on the number of premature infants born in the last five years.

Messrs. Ferris & Co. Ltd., Bristol, supply an excellent draught proof cot in the form of a suit case (24" x 12" x 6"). It is fitted with metal re-inforcing sheets to which are attached a detachable washable lining complete with pockets for holding hot water bottles. The contents of this case are listed below:-

- 3 wool cot blankets
- 3 rubber hot water bottles
- 8 ozs. white lint
- 2 measures for dried milk
- 1 liquid measure
- 8 ozs. cotton wool
- Sorbo mattress and cover
- Set of gamgee clothing for initial use
- 1 Beleroy feeder
- 2 mucus catheters
- 1 Jacques catheter with graduated pipette for feeding
- 8 ozs. olive oil.
- 3 thermometers (cot, rectal, room)
- 6 face masks.

Laundering.

When the blankets require washing, a fresh supply will be provided by the department, the soiled blankets being sent to a steam laundry for laundering.

Special Clothing.

A set of clothing for initial use is included with the cot. Meanwhile, the mother (if fit) or a relative or friend can be instructed by the specially trained midwife to make further suitable clothing.



ORGANISATION  
OF A DOMICIL-  
IARY PREMATURE  
INFANT  
SERVICE.  
(Cont'd)

Hospitalisation of patient.

If it is considered necessary for the infant to be transferred to hospital, the cot can be used for this purpose and I suggest that it should be left at the hospital until such time as it is no longer required. If an infant is admitted to hospital, it is my opinion that the mother (if fit) should accompany the infant for the first fourteen days for breast feeding purposes. Thereafter the mother should attend the hospital for breast milk expression.

Milk Bank.

If the mother is unable to breast feed the infant, arrangements should be made for breast milk to be obtained from the Milk Bank, Cardiff.

4. Consultant Services.

It will be necessary for arrangements to be made with the Regional Hospital Board for:-

- (a) the services of a paediatrician to be available throughout, and
- (b) the services of an ophthalmologist to be available during the first three days of the infant's life.

5. Follow Up of Hospital Discharges.

The Hospital Authorities will be asked to supply full information to the Department of premature infants discharged from hospital to enable the Health Visitors to follow up.

6. Home Helps.

The services of a home help will be made available to assist in the household where a premature infant is born.

7. Transport Arrangements.

When it is considered necessary for a premature infant to be admitted to a Paediatric Unit, transport will be provided by local health authority ambulance. Two of the ambulances have heaters installed. One of these ambulances will be used for conveying the premature infant and it will be suitably heated before the infant is removed.

COST.

A sum of £250 has been included in this year's estimates as a round figure for the Care of Premature Infants.

RECOMMEND-  
ATIONS.

I recommend that the scheme made under the National Health Services Act 1946 should be implemented forthwith and, if you agree, it will be necessary for:-

1. Immediate arrangements to be made for 3 midwives to be specially trained, one at a time, in the care of premature infants.
2. A re-allocation of midwives areas to ensure that the specially trained midwife has a 'reduced area'.

RECOMMEND-  
ATIONS.  
(Cont'd)

3. 4 draught proof cots to be purchased from Messrs. Ferris & Co. Ltd., Bristol, together with an extra supply of wool cot blankets for each cot.
4. The cots to be stored at some suitable place, e.g. Eaton House Clinic or The Ambulance Depot.
5. Arrangements to be made with the Regional Hospital Board for:-
  - (a) a supply of breast milk to be available from the Milk Bank.
  - (b) the services of a paediatrician to be available.
  - (c) the services of an ophthalmologist to be available.

The following table shows the number of premature births during 1952.

All the items in this section refer to notified births after correction for transfers.

(1) Premature infants (i.e. $5\frac{1}{2}$ lbs. or less at birth, irrespective of period of gestation):-			
(a)	Total number of premature live births in the area	...	165
(b)	Number of premature live births at home	...	62
(c)	Number of premature live births in private nursing homes	...	6
(2) Premature stillbirths (i.e. $5\frac{1}{2}$ lbs. or less, irrespective of period of gestation):-			
(a)	Total number of premature stillbirths in the area	...	23
(b)	Number of premature live births at home	...	4
(c)	Number of premature stillbirths in private nursing homes	...	-

Births at home							Births in private nursing homes.							
Premature live births							Premature live births.							
Nursed entirely at home							Nursed entirely in nursing homes.							
Prem- ature still- births	Died in first 24 hours	Died on 2nd to 7th day	Died on 8th to 28th day	Sur- viv- ed 28 days	Total	Transferred to hospital.	Birth Weight.	Prem- ature still- births	Died in first 24 hours	Died on 2nd to 7th day	Died on 8th to 28th day	Sur- viv- ed 28 days	Total	Transferred to hospital.
	2			-	2	4	2 lb. 3 ozs. or less (1,000 gms. or less).	-	-					
3	1			1	2	5	Over 4 lbs. 6 ozs. up to and in- cluding 5 lbs. 8 ozs. (1,000- 2,500 gms.).	-	-					
				1	1	-		-	-			1	1	
							cluding 4 lbs. 6 ozs. (1,500- 2,000 gms).							
				4	4	1	Over 4 lbs. 6 ozs. up to and in- cluding 4 lbs. 15 ozs. (2,000- 2,250 gms).	-	-			2	2	
1		1	1	25	27	3	Over 4 lbs. 15 ozs. up to and in- cluding 5 lbs. 8 ozs. (2,250- 2,500 gms.).	-	-			3	3	
4	4	1	1	38	44	18	TOTALS.					6	6	



### Retrolental Fibroplasia.

During December of the year under review, enquiries were made regarding 19 children born prematurely in 1951. Of this number 16 appeared to have normal vision, one child had died, one was lost trace of, whilst the remaining child was reported to have defective vision. The history of this child is very interesting and worth recording.

The child was born at home on the 31st March, 1951, transferred to hospital and discharged on the 23rd June, weighing 5 lbs. 2 ozs. Birth weight was 1 lb. 8 ozs. Arrangements were made with the parents for the child to return to hospital at monthly intervals. In October the baby was becoming progressively anaemic and it was noticed that the eyes were not focussing normally. The baby was readmitted to hospital in November 1951 with severe anaemia. Blood transfusions were given, the condition improved and baby was discharged in December. In January of this year, the child was again admitted to hospital and seen by the ophthalmologist, who diagnosed retrolental fibroplasia. The child was then seen at a London hospital and returned home. The ophthalmologist performed a scleral resection of the right eye which resulted in some vision. On the 16th July 1952, a left scleral resection was performed and this was more satisfactory than that performed on the right eye.

The child is now under the care of the paediatrician and ophthalmologist.

### Supply of Dried Milk Etc.

All clinics have a stock of welfare foods available for distribution to mothers. The quantity issued is an indication that this service is much appreciated. National Dried Milk, Cod Liver Oil, Cod Liver Oil Capsules, and Orange Juice are issued by arrangement with the Ministry of Food. No charge is made for the Cod Liver Oil or the Capsules. If a mother is unable to pay for the National Dried Milk or Orange Juice, she is advised to make application to the Ministry of Food Local Office for a free supply. Other nutrients such as Cod Liver Oil and Malt, Parrishes Food and Lactagol are available to the mothers at cost price. A free supply is granted, provided that the Medical Officer at the Clinic considers that the nutrient should be issued in the interest of the health of the patient and the income of the family falls below a certain scale. Special vouchers are also issued at the clinics to enable proprietary brands of milk foods to be obtained at reduced prices from local chemists.

### Care of Unmarried Mothers.

Unmarried mothers attending the ante-natal clinics are referred, if they so desire, to a Voluntary Organisation - "The Cwmдонkin Shelter". Arrangements have also been made with the Carmarthenshire County Council for the reservation of two beds at Plasnewydd Hostel, Burry Port. The expectant mother is admitted to this hostel up towards three months before the birth of the child. After confinement at the Carmarthen Maternity Unit, the mother can return to the hostel for a period, normally three months. The mother may stay longer than this if it is considered necessary.

Three expectant mothers were admitted during the year.

## Dental Care.

Expectant and Nursing Mothers and children under five are referred to the dental clinics of the local authority or they may seek treatment with a private practitioner if they so desire. Few children over the age of two years attend the infant welfare clinics so that the routine dental inspection of children under five years is almost negligible.

Mr. H.N. Tiplady, the Senior Dental Officer, reports as follows:-

"Treatment is carried out at Eaton House, Mansel Street, Mumbles, Morriston and Townhill Clinics. No special sessions are held for this work, owing to the shortage of staff.

The number of dental officers employed by the local authority during the last four years has altered little - at present there is the equivalent of 24/11 full time officers - two of these, the Senior Dental Officer and Senior Assistant Dental Officer being full time appointments. However, at the time of writing this report, there are definite signs that this number is likely to be increased in the near future. If this is to be realised it will be possible to organise a more thorough dental care of Maternity and Child Welfare patients, as was the position before the last war. The Assistant Medical Officers will then be able to refer more mothers than they have been doing for some time past. It will also be possible for the health visitors to refer more patients in the age group 3 - 5 years, particularly those who do not attend infant welfare clinics, but who are visited at home by the health visitors.

During the year four dental officers were employed part-time in the Maternity and Child Welfare dental service and a total of 135 sessions worked.

Facilities for the usual type of dental treatment are provided, including the fitting of dentures and occasional X-ray examinations. There has never been enough prosthetic work to justify the appointment of a dental technician with our own laboratory, so that the work is sent to an outside laboratory. This may have to be reconsidered if the full complement of dental officers becomes employed. The present method, whilst taking a longer time, is the only method available under the circumstances, and is fairly satisfactory.

Patients needing an X-ray appointment are sent to a local radiologist, but this arrangement again has many limitations, apart from the loss of time involved. It was expected that, during this year, we would have had our own X-ray machine and dark room, which will provide means for a more efficient X-ray diagnosis. This was not realised, but the matter is being pursued."

### Number provided with Dental Care.

	Examined.	Needing treat- ment.	Treated.	Made dentally fit.	Attend- ances.
Expectant and Nursing Mothers	256	253	236	103	441
Young Children	317	316	303	147	390



Forms of Dental Treatment Provided.

	Expectant and Nursing Mothers.	Children under five.
Extractions	469	559
Anaesthetics - local	4	-
- general	231	294
Fillings	63	36
Scalings or scaling and gum treatment	10	7
Silver nitrate treatment	-	-
Dressings	19	-
Radiographs	3	-
Dentures provided - complete	17	-
- partial	22	-

Other Provisions. (See pages 14 & 18 for reports and tables).

Gynaecological and venereal diseases clinics formerly conducted by the authority but now under the auspices of the Regional Hospital Board are held in the premises of the local authority (Eaton House Clinic) where ante- and post-natal and infant welfare clinics are held. There is very close liaison between these services and all venereal diseases cases discovered at an ante-natal or infant welfare clinic are treated here. Cases are referred from the post-natal clinic to the gynaecological clinic where arrangements also exist for treating cases of sub-fertility and giving advice in family planning. A consultant gynaecologist attends once a month.

DOMICILIARY MIDWIFERY.

At the end of the year 21 midwives were employed in the domiciliary midwifery service, each living in the district in which she works. Medical supervision is undertaken by the Maternity and Child Welfare Medical Officer and Non-Medical supervision by a lay supervisor, who is a trained nurse and certified midwife. All practising domiciliary midwives are supervised by the Lay Supervisor in so far as they must submit reports on all their cases, have their equipment inspected and have to submit all notifications required by the Central Midwives Board.

All midwives employed by the Local Health Authority are trained in the use of Gas and Air Analgesia and the authority has twenty sets of Minnett's apparatus. It is interesting to note that in 1947 only ten midwives were qualified to administer gas and air analgesia, and only four sets were owned by the authority. During 1948, the number of qualified midwives rose to twenty-one and there were nineteen sets of apparatus. During 1947, 83 cases received gas and air administration. In the year under review, it was administered to 571 cases, a proportion of nearly 6 out of every 10 cases confined at home. Pethidene was administered to 299 cases.

Transport of the analgesia apparatus is undertaken by the Ambulance Service, when it is required.

Midwives visit patients at their own homes to inspect their home conditions and patients attend at the midwives' home for ante-natal examination. Abnormal cases are referred to their own general medical practitioners. Very few cases are referred to the local health authority's ante-natal clinics. Since the introduction of the National Health Service



most women who are to be confined at home engage the family doctor who may or may not attend at the confinement. Perhaps this is best illustrated by the fact that, whereas in 1947 and 1948, medical aid was summoned by the midwives in 526 and 402 cases respectively, in the years 1950, 1951 and 1952, the number of "medical aids" has been 238, 236 and 217 respectively.

In my annual report for 1950 I commented on the decline in the number of women being confined at home. This trend was noticeable before the introduction of the National Health Service Act and one may assume that it will continue, as most mothers are keen to obtain admission to a maternity hospital. There is, however, a shortage of maternity beds in this area and accordingly the Hospital Management Committee makes every effort to ensure a quick turnover of beds. This is brought about by discharging patients before the fourteenth day after confinement, and, in the year under review, there were 545 such discharges. The Central Midwives Board has stated that it will not take disciplinary action against an institutional midwife in respect of alleged misconduct solely on account of the period of attendance given, in a case where a midwife has attended a patient during the time occupied by the labour and a period of not less than ten days thereafter.

The Board has also intimated that it is prepared to continue this concession for the time being, provided proper arrangements are made for the transfer of responsibility for the rest of the lying-in period. This responsibility has been accepted by the local authority. As the domiciliary midwives visit these cases after discharge until the fourteenth day, the decrease in their work is more apparent than real, yet for the midwives just to attend for about 2-3 days only is not in keeping with the service they can give. The patient, whilst in hospital, may be given certain advice which may differ from what the domiciliary midwife may offer, and confusion may result. On the fifteenth day the Health Visitor takes over and further confusion may occur, for in the space of fifteen days, 3 people have been in attendance. It would be far better for either the patient to be kept in hospital until the fourteenth day or that she was confined at home, as in either case there would only be one midwife.

Women applying for hospital accommodation on social grounds (most of whom attend the local health authority's ante-natal clinics) are visited by a health visitor who submits a report on the home circumstances for consideration by a Sub-Committee of the Local Hospital Management Committee.

At least two midwives are sent on refresher courses annually. It is the aim of the local authority to send a midwife on a refresher course every five years.

Pupil midwives are trained by the authority. A Sister Tutor and six midwives undertake the training and the pupils live in the homes of the training personnel.

Telephones have been installed in the residences of all the midwives, and this has added to the efficiency of the service. When they are exceptionally busy, or, in the case of emergency, they are able to call upon the ambulance service for transport facilities. Six midwives are in receipt of a car allowance.

#### Births.

The number of births notified in the Authority's area during the year, under Section 203 of the Public Health Act 1936 as adjusted by any transferred notifications:-

	Domiciliary.	Institu- tional.	TOTAL.
Live births	928	1,527	2,455
Still births	16	43	59
TOTAL.	944	1,570	2,514

Midwives practising in the area of the local supervising authority at the end of the year.

	Domicil- iary Midwife.	Midwives in Instit- utions.	TOTAL.
Midwives employed by the Authority.	22	-	22
Midwives employed by the Hospital Management Committees under the National Health Service Act.	-	25	25
Midwives in private practice (including midwives employed in Nursing Homes).	3	2	5
TOTALS ...	25	27	52

Maternity Cases attended.

	Number of maternity cases in the area of the Local Super- vising Authority attended by midwives during the year.						
	Domiciliary Cases.		Institutional Cases.		Totals.		Total Cases.
	As Mid- wife	As Maternity Nurse	As Mid- wife	As Maternity Nurse	As Mid- wife	As Maternity Nurse	
Midwives employed by the Authority	715	292	-	-	715	292	1,007
Midwives employed by the Hospital Management Committees under the National Health Service Act.	-	-	631	534	631	534	1,165
Midwives employed in private practice.	-	14	-	229	-	243	243
TOTAL	715	306	631	763	1346	1069	2,415

Number of cases attended by domiciliary midwives after discharge from hospital before 14th day	...	545
Total cases attended	...	2,960

Medical Aid under Section 14(1) of the Midwives Act, 1951.

Number of cases in which medical aid was summoned during the year under Section 14(1) of the Midwives Act, 1951, by a Midwife:-

(a) For Domiciliary Cases:-

(i) Where the Medical Practitioner had arranged to provide the patient with maternity medical services under the National Health Service.	...	147
(ii) Others	...	<u>70</u>
		<u>217</u>

Administration of Gas and Air Analgesia.

(1) INSTITUTIONAL MIDWIVES.

Number of Institutional Midwives in practice in the area at the end of the year qualified to administer gas and air analgesia in accordance with the requirements of the Central Midwives Board:-

(a) Employed in homes and hospitals in the National Health Service	...	21
(b) Employed in nursing homes or in maternity homes and hospitals not in the National Health Service	...	2

(2) DOMICILIARY MIDWIVES.

	Domiciliary Midwives employed directly by Local Health Authority.
(a) Number of domiciliary midwives practising in the area at end of year, who were qualified to administer gas and air analgesia in accordance with the requirements of the Central Midwives Board.	22
(b) Number of sets of apparatus for the administration of gas and air in use at end of year.	20
(c) Number of cases in which gas and air was administered by midwives in domiciliary practice during the year:-	
(i) When acting as midwife	401
(ii) When acting as maternity nurse	170
(d) Number of cases in which pethidine was administered by midwives in domiciliary practice during the year:-	
(i) When acting as midwife	178
(ii) When acting as maternity nurse	121
In addition, one Independent Midwife administered Pethidine whilst acting as a Maternity Nurse.	



## Domiciliary Midwifery Service.

### Further particulars for the year under review.

#### Cases and Births.

Number of women booked	...	1,030
Number of women cancelled	...	222
Number of cases attended	...	1,007
Number of notified births	...	948

#### Visits.

Number ante-natal	...	8,508
Number post-natal	...	19,851
Total number of visits	...	28,359

No. of attendances made by women at ante-natal clinics conducted at midwives homes ... 4,708

No. of women who had engaged a doctor ... 780

#### Infectious Diseases.

Ophthalmia Neonatorum. One case, domiciliary confinement, was notified.

Pemphigus Neonatorum. Three domiciliary cases and eight institutional cases were notified.

Puerperal Pyrexia. Twenty two domiciliary cases and twenty-four institutional cases were notified.

#### Flying Squad.

After the introduction of the National Health Service in 1948, the Local Health Authority was concerned with the continued existence of this organisation, which was rendering excellent service in obstetrical emergencies preparing exsanguinated and other patients for removal to hospital. It was considered highly desirable that the organisation should remain unimpaired until such time as the Regional Hospital Board was in a position to take the service over completely. The Regional Hospital Board however decided that the organisation should continue as it was, as this was agreed upon by both the Local Health Authority and the Regional Hospital Board.

The organisation consisted of:-

1. Suitable equipment which is used for no other purpose and is kept ready packed and available at the home of the Sister Tutor, 13 Kensington Crescent, Swansea.
2. The Maternity and Child Welfare Medical Officer.
3. Extra nursing assistance if required - provided from the municipal midwives.
4. An ambulance.

When a call is received from a midwife or doctor indicating an emergency, means for resuscitation of a shocked patient for arrest of haemorrhage and for blood and plasma transfusion is carried to the patient's own home by ambulance with a minimum of delay. After arrival at the home, the ambulance awaits in case further medical supplies are required or it is considered necessary for the patient to be removed to hospital immediately.

In 1949, due to the shortage of medical staff, the Regional Hospital Board were informed that the service would have to be withdrawn, unless it could provide the medical personnel. The Regional Hospital Board agreed to this course and, with that modification, the service has continued as previously.

It should also be mentioned that, wherever possible, a heated ambulance is used to convey the staff and equipment in case it is necessary to remove the patient to hospital after domiciliary treatment. Since June 1951 an ambulance equipped with radio-telephone is used for this service, thus enabling the medical staff at the house of the patient to be in constant touch with the hospital via the ambulance control room.

### HEALTH VISITING.

#### Description of Service.

There were 24 health visitors working on the districts at the end of the year. Part of their time is also spent on school health duties; the proportion being three-fifths health and two-fifths school health service. The health visitors and a number of clinic nurses (see later) are supervised by a Superintendent Health Visitor who is also the Superintendent School Nurse. She is assisted in these duties by a Senior Assistant Health Visitor and School Nurse. The health visitors are based at six centres from which they operate on their respective districts. It was estimated that, at the end of the year, the average case load of a health visitor was about 500 children under five and 800 school children. Owing to the difficulties experienced in staffing, the case load is still based on the number of children, and not on the population of the area, which should take into account the extended functions of the health visitor. The health visitors use public transport for their work.

#### Visits.

A primary visit and re-visit is made to all infants in the first month and, thereafter, they are visited at approximately monthly intervals until they are one year of age.

Where the home conditions are unsatisfactory or the child is ill, more frequent visits are made. Premature children are visited daily until they are progressing favourably. After one year of age, each child is visited quarterly if possible. Expectant mothers who are on the ante-natal clinic register are followed up if they are absentees. It is difficult to assess the amount of visiting which is being done beyond visiting M.&C.W. patients. Visits are made to all applicants for admission to maternity hospitals on social grounds. The health visitors visit all applicants for domestic help assistance and because of this they have been able to visit many elderly and infirm cases who would otherwise have escaped the Department's attention. As the health visitor becomes aware of the needs of old people, regular re-visits are made, advice and help given and case notes recorded. Those who are in need of accommodation are referred to the Welfare Section of the Department. The same routine is carried out regarding cases where notification of discharge has been supplied by the hospital. All children discharged from hospital are visited at their homes. Home visits are made also to assess the conditions for the Paediatric and E.N.T. Consultants. Routine visits are carried out at homes where there is infection (particularly tuberculosis, whooping cough and measles) to give advice on the prevention and control of the infection.

The variety of visiting undertaken by health visitors may be seen from the following headings which are included on a health visitor's return:-



Routine visits to normal children in specific age group.  
 " " " premature " " " "  
 " " " expectant mothers  
 Special visits to expectant mothers - social circumstances,  
 hospital admission.  
 " " " " " - domestic help applications.  
 Visits to measles cases.  
 " " whooping cough cases.  
 " " tuberculosis cases.  
 Hospital and after-care visits in several categories.  
 Aged and infirm.  
 Problem families.  
 Home of foster parents.  
 Applicants for domestic help (other than expectant mothers).  
 Visits of inspection to domestic helps.  
 Still birth enquiries.  
 Miscellaneous visits including Home Accident investigation  
 and other surveys.

#### Linking Health Visiting Service with other Services.

##### (1) General medical practitioners.

Health visitors have been instructed to contact family doctors at all times when considered necessary. One or two general medical practitioners have asked for the service of a health visitor.

##### (2) Local Hospitals.

Discharge notes are received in respect of all children and those adult cases requiring after-care.  
 At the end of the year, arrangements were completed for two health visitors to attend at ward rounds, consultations and out-patients to provide the relevant information to the hospital regarding the family history and home conditions, whilst, at the same time, becoming conversant with the requirements of the patients on their discharge.

#### Arrangements for student health visitors.

This matter has been considered by the Council on more than one occasion due to the dearth of applicants for the health visiting service. However, pending a final decision, owing to certain difficulties, the matter has been postponed.

#### Refresher Courses.

Arrangements are made for a health visitor to attend a refresher course every five years, if possible. A number have also attended intensive teaching courses and, during 1952, two health visitors attended a refresher course on tuberculosis.

#### General.

#### Shortage of suitably trained applicants.

- (1) The main difficulty confronting the expansion of this service is the lack of suitable recruits. Until such time as these come forward in good numbers, the work of the section will, of necessity, be restricted mainly to Maternity and Child Welfare work. In an effort to overcome this difficulty, the Committee has appointed five state registered nurses with Central Midwives Board qualifications to undertake the following duties in the clinics - minor ailment treatment, attending the doctor at special medical inspections, weighing babies, testing urines and attending doctors



at ante-natal clinics. As a result of this arrangement, the health visitors have been able to carry out more of the duties for which they were trained and qualified, such as devoting more time to Health Education at the clinics and spending more time on their districts.

## (2) Case Conferences.

### (a) Problem Families.

During the last two years problem families have been put under much closer supervision and discussion groups have been organised on a regular basis at which the health visitors have been able to discuss their difficulties with the N.S.P.C.C. Inspector, the Lay Administrative Officer and myself.

### (b) Tuberculosis Patients.

Each health visitor has a case discussion with the Chest Consultant every three months regarding the cases of tuberculosis on her area.

## Visits made by the Health Visitors during the year.

		First Visits.	Total Visits.
Expectant Mothers	... ..	923	1,123
Children under one year of age	... ..	2,569	18,040
Children between the ages of one & five	... ..	-	29,864
Other cases	... ..	2,404	15,335
TOTAL	... ..	5,896	64,362

The number of visits made during 1951 was 51,645. There was an increase in staff of one for the year under review, but the increase of nearly 13,000 in the number of visits over that of last year must be considered very satisfactory. The increase in visits was common to both Maternity and Child Welfare cases and to other visits.

## HOME NURSING.

### General arrangements for the service.

The service is under the direction of the Medical Officer of Health and is supervised by a Superintendent Nurse. When she is not available for duty, the senior district nurse assumes her responsibility. The whole of the area of the authority is divided into districts and as many as possible of the nurses reside within their own districts, but this has not been enforced as there have been many occasions when it has been necessary to amend the boundaries of the areas within which they work in an effort to spread the case loads as evenly as possible.

The service is organised from the Central Office at The Guildhall but after office hours, all doctors have been requested to make their calls to the Nurses' Home where there is always a nurse available for duty during the twenty four hours. Alternatively, if the family doctors desire they can contact the district nurse at her own home. Telephones have been installed at the home of each district nurse.

Normally, the district nurses travel by means of the public transport services, but they are always able to call upon the ambulance transport for assistance. This applies particularly at night time, or on Sundays and Bank Holidays, when the early morning 'bus services are not running.

#### Co-operation with general practitioner.

Each case is treated under the direction of the family doctor. He is able to contact the nurse directly. There is an excellent spirit of co-operation and the service is much appreciated by the general practitioners.

#### Classification and Proportions of main types of cases attended.

From the introduction of the Act, cases have been classified as follows:- medical, surgical, old age pensioners, maternal other than confinement, infectious diseases including tuberculosis and 'other miscellaneous'. The main type of cases attended have been old age pensioners, medical, surgical and tuberculosis. More than half the visits are made to old age pensioners. From the 1st January, 1953, the classification of cases recommended by the Welsh Board of Health will be adopted.

#### Arrangements for liaison with hospitals.

The district nurses are given the opportunity of attending the hospitals to study modern techniques and to keep abreast with latest developments.

The department also co-operates with the Training School at Swansea Hospital and facilities are afforded the student nurses, during the period of their training, of spending certain days on the district with the nurses.

#### Particulars of any night service.

There is no night service available, but it is known that there is a demand for it. Before this extension of the service can be carried out, it will be necessary to have many more trained staff, and the question of cost will have to be considered.

#### Refresher Courses for Nursing Staff.

The Superintendent District Nurse has attended on two occasions a course organised for Superintendent District Nurses. Arrangements have also been made for each nurse to have a refresher course every five years, if possible, on the same lines as the midwives and health visitors.

One-day schools are held by the local branch of The Royal College of Nursing annually and every opportunity is given to the nurses to attend. They are not all able to go at the same time, but whenever possible, routine visits are cancelled and only the most urgent cases attended.

The local Chest Consultant has also lectured to the nurses on the use of streptomycin and P.A.S. and the nursing of the tuberculous patient.

#### Arrangements for District Nurse Training.

There are no local arrangements, but the Council is prepared to pay a proportion of the expenses of any nurse undergoing Queens Training. Three nurses have taken advantage of this opportunity and have contracted to serve this authority for a period of two years.

#### Growth of the Service.

This is best illustrated by the following table showing the number of cases nursed and visits made during the period 5th July, 1948 to the 31st December, 1952.

Period.	No. of Cases nursed.	No. of Visits made.
5th July, 1948 - 31st December, 1948.	830	17,547
1949.	1,968	53,113
1950.	2,144	59,169
1951.	2,440	69,164
1952.	2,425	72,641

It will be observed that there does appear to be a flattening out in the demand, but it is too early as yet to make any reliable forecast. It is nevertheless reasonable to assume that the present demand will be maintained in the near future for two reasons:-

- (a) Far more people are living to a greater age.
- (b) The acute shortage of hospital beds in this area.

#### Development of the Service.

The Service has developed along the lines outlined in the approved scheme. There now remains to be considered:-

- (a) The provision of a night service (this has been mentioned previously); and
- (b) Provision of transport for each individual nurse. This is most desirable for it would result in a saving of time and labour.

#### Cases.

No. of cases at the beginning of the year 1.1.52.		<u>403</u>
New cases during the year.		
(1) By doctors.	2001	
(2) Health Dept.	19	
(3) Other sources.	<u>2</u>	
Total new cases....	<u>2022</u>	<u>2022</u>
Total cases nursed during the year....		2425
Cases discharged during the year.		
(1) Deaths.	338	
(2) Completions.	<u>1627</u>	
Total Removed....	<u>1965</u>	<u>1965</u>
Number of cases remaining on the register 31.12.52.		<u>460</u>

#### Visits (in categories).

Tuberculosis.	8013
Other Notified infectious diseases	2
Old Age Pensioners	38015
Post Natal	23
Miscarriage	12
Other Maternity	17
Other Medical	17961
Surgical	7980
Others	<u>618</u>
Total Visits....	<u>72641</u>



### Tuberculosis.

Number of cases of Tuberculosis on register. 1.1.52.	14
New Cases referred during year	<u>120</u>
Number of cases on register.	134
Number of cases removed.	
Completed	79
Deaths	10
Patients transferred to Hospital.	<u>26</u>
Total removed.	<u>115</u>
Cases on register 31.12.52.	<u>19</u>
Number of visits made during year.	8013.

### ARTIFICIAL IMMUNITY.

#### Diphtheria Immunisation.

Arrangements are made at Infant Welfare Clinics for diphtheria immunisation. Mothers of new born babies are advised on this subject at the infant welfare clinics, by health visitors, midwives and district nurses. Leaflets are handed out explaining the advantages of diphtheria immunisation and every possible opportunity is taken to encourage parents to have their child immunised at the age of nine months. Despite this advice, the numbers now being immunised are low and there appears to be a great deal of apathy on the part of the parents. Enquiries were instituted into this matter at the end of the year and many mothers explained that it was very difficult travelling to clinics to have a baby immunised, sometimes with other children accompanying them. In view of this, a vehicle was utilised to take the facilities to the mother, and whilst the results of this arrangement will not be reflected in the figures for the year 1952, there are indications that our figures for 1953 are going to show an improvement.

Boosting doses are normally given in schools at the time of routine medical inspections and the opportunity is afforded the parent of any child not immunised to have it done.

The general medical practitioners practising in this area have also been invited to co-operate in the scheme for diphtheria immunisation, but only approximately a half of the number have notified me that it is their intention to do so.

# Immunisation in relation to Child Population.

Age at end of year.	Number of children immunised during each year.								Ratio of No. immunised to Population at end of 1952.
	Up to 1945.	1946.	1947.	1948.	1949.	1950.	1951.	1952.	
Under 1.	71	13	36	102	106	72	81	104	Total immunised under 5 yrs. of age - 5,516, being 43.8% of population of 12,600 of this age.
1	1,212	842	1,087	1,529	1,309	980	961	960	
2	1,415	295	214	314	164	213	218	199	
3	1,439	89	80	103	81	159	74	68	
4	1,416	115	68	79	94	133	74	69	
5	1,521	120	191	107	237	167	125	180	Total immunised between 5 and 14 years of age - 20,742 being 91.8% of population of 22,600 of this age.
6	1,660	248	163	139	199	68	117	281	
7	1,712	259	144	71	95	59	58	141	
8	1,600	233	153	96	58	60	33	78	
9	1,566	271	170	55	63	39	32	49	
10	1,644	283	137	49	62	43	23	58	
11	1,867	205	135	40	56	33	22	37	
12	1,946	216	122	36	16	25	11	7	
13	2,173	172	123	45	11	26	7	3	
14-15.	2,056	87	63	48	21	13	9	3	Total immunised under 14 yrs. of age - 26,258 being 74.6% of population of 35,200 of this age.
TOTAL IMMUNISED	23,298	3,448	2,886	2,813	2,572	2,090	1,845	2,237	

## Smallpox Vaccination.

The arrangements for smallpox vaccination are similar to those for diphtheria immunisation except that no vaccinations are being done at school.

The number of children under one year of age is still low, but since vaccination has been undertaken at the infant welfare clinics, there has been a steady improvement. It is hoped that by continued national and local propaganda, parents will realise their responsibility to their children especially during these times when air travel has made it possible for all parts of the world to be linked together so quickly.

In view of the fact that the members of the staff of the Health Department would be in the "front line" if there was an outbreak of smallpox, facilities have been offered to them for periodic re-vaccinations, and I am happy to state that the majority of the staff have availed themselves of these arrangements.

The following table gives particulars of the work during the year:-

Persons.	AGE GROUPS.					TOTAL.
	Under 1.	1.	2 - 4.	5 - 14.	15 & over.	
Vaccinated ...	266	15	12	11	38	342
Re-vaccinated ...	-	-	4	10	90	104
TOTAL ...	266	15	16	21	128	446

### Whooping Cough Immunisation.

This service has not yet been provided for the public, although it has received consideration. The introduction of the scheme has been held up until such time as the results of the Medical Research Council investigations on this subject are available.

Parents who are desirous of having it done are advised to consult their family doctor, but the assistant medical officers are prepared to immunise a child at any time provided the vaccine is supplied by the parent.

### AMBULANCE SERVICE.

#### Vehicles.

At the end of 1952, ten ambulances were available for service. Eight of these were of modern design and were delivered since December, 1948, and undertook the major portion of ambulance work for the other two were first registered in 1933 and 1937 respectively.

Three out of four sitting-case ambulances had also been delivered by the end of the year and were proving quite satisfactory. At the time of writing this report, the remaining sitting case vehicle had been delivered and the service has its full complement of vehicles.

All repairs and maintenance of the vehicles are undertaken at the Corporation Central Repair Depot, The Strand, Swansea.

#### Personnel.

31 driver-attendants are employed in the service which is available over the 24 hours. They are supervised by an Ambulance Officer, who is responsible for the day to day operational control of the service.

#### First Aid Training.

All members of the staff are trained in first aid and arrangements are in force for a trained officer of the St. John's Ambulance Brigade to lecture to the personnel every Wednesday evening. This ensures that their knowledge of this subject is kept up to date.

#### Liaison with other authorities.

Arrangements have been made with the Glamorgan County Council for the resources of each authority to be available to each other in case of emergency.

#### Equipment.

All vehicles are equipped according to the scale laid down by the Ministry. Two of the vehicles are heated and provision has been made in the estimates for the year 1953/54 for all other ambulances to have heaters installed. Six sets of resuscitation apparatus are available, and are maintained at regular intervals by the British Oxygen Company.

#### Location of Ambulance Depot.

The Ambulance Depot, including Control Room, is situated in the Guildhall Garage, The Guildhall, Swansea. The development scheme provided for the building of a new depot.



### Types of cases conveyed.

The ambulances are available for the conveyance of people suffering from all forms of ill health, including infectious diseases and mental illnesses. No ambulances are especially set aside for the conveyance of infectious disease cases, but strict precautions are taken regarding their disinfection as well as the protection of the driver and attendant. Arrangements have been made with the Glantawe Hospital Management Committee for the ambulances to be equipped with all the necessary equipment at the Infectious Diseases Hospital before it proceeds to collect a case, and protective clothing is also issued at the hospital to all ambulance personnel engaged on conveying an infectious disease case. The equipment and clothing are left at the hospital when the case has been admitted.

### Use of ambulance service by other Sections of the Department.

Midwives, District Nurses and Authorised Officers are transported by sitting-case cars in an emergency or when public transport is not available.

### 'Flying Squad'.

An ambulance is used for conveying the 'Flying Squad' to any emergency obstetrical case.

### Mental Health.

From June, 1952, a number of children attending the Occupation Centre have been conveyed to and from the centre. This service has been appreciated by all the parents.

### Conveyance of patients by Railway.

Where possible and with the doctors' consent, patients are sent by railway, and in this connection I must pay tribute to the railway personnel for their courtesy and consideration at all times.

### Arrangements regarding the proper use of the ambulances.

#### Hospitals.

A medical certificate, which is kept at the hospital, is signed by a doctor in respect of each patient who requires ambulance transport to the out-patient department. These are renewed at intervals of 2-3 weeks. A daily list is forwarded to the ambulance depot by the hospital showing the names of patients who are to be conveyed the following day. Checks are made at the hospitals by the ambulance supervisory personnel and, where it is felt that a patient no longer requires ambulance transport, the hospitals are requested for a new medical certificate.

#### General Medical Practitioners.

No certificates are normally requested from general medical practitioners in respect of patients whom they consider require ambulance transport, but, in the case of long distance journeys, a certificate is requested on which is stated the reason and the type of transport required.

### Economical Use of Ambulance Service.

#### (i) Hospitals.

This is a very complex problem. There are two main hospitals in the borough, one of which is situated centrally, the other on the borough boundary. As there can be no direction under the Act as to which doctor or

consultant a patient may see, situations very often arise where patients have to pass one hospital for treatment in the other. Overtures have been made to the hospitals suggesting that all patients living in one area of the town should receive appointments at the same time thereby reducing the ambulance mileage, but this has been found impracticable. An ambulance is requested to collect a patient in one district in the morning and the same ground has to be covered in the afternoon for another patient. There is really no solution to the problem, but it can be helped considerably by being watchful at all times and ensuring that the ambulances are deployed both to the advantage of the service and the patient.

#### (ii) General Medical Practitioners.

When requests are received by telephone from the family doctor, every effort is made by the control staff to arrange the time of removal in relation to the times of removal arranged for other patients in that area. Emergencies, however, are treated on a priority basis.

#### Abuses observed or difficulties encountered.

Normally the service is able to cope with all requests for assistance but, at the peak period between 8.30 a.m. and 5.30 p.m., both vehicles and staff operate under a great strain. This is the time when there is a heavy volume of out-patient traffic and when the service is likely to be abused. Despite the vigilance exercised by the control room staff and other personnel there are occasions during this period when cases do "slip through" because the controlling staff are so busy controlling the deployment of vehicles and personnel that the immediate opportunity of discussing the case has been lost. This position can best be remedied through the co-operation of all sections of the health services, hospitals, general medical practitioners and the local authority.

#### Radio Telephone.

Radio telephone was introduced during 1951, when six ambulances were equipped. The fixed station is situated at Townhill School, linked by a private line to the ambulance depot, where there is a remote control unit. The deployment and control of the service was so improved by this innovation that three further mobile sets were acquired during the early part of this year. Two other ambulances were also 'wired' to operate these sets, so that when any two equipped vehicles are off the road for mechanical attention the sets can be transferred to the other vehicles. The value of the radio telephone has been proved conclusively. Messages can be sent without delay and a frequent exchange of messages and information between the ambulances and control room makes the work so much easier and efficient than would otherwise be the case.

#### Supplementary Services.

Supplementary services have not been used since 1949.

#### Statement of work during 1952.

No. of patients carried	...	45,679
No. of journeys operated	...	17,651
No. of miles run	...	238,911
Average miles per patient	...	5.2



The above figures are inclusive of the following work undertaken in conveying children to the mental health occupation centre from June 2nd, 1952:-

No. of children carried	...	3,558
No. of journeys operated	...	207
No. of miles run	...	4,947

Approximately 70% of the work undertaken is in respect of out-patients attending the hospital clinics.

If a critical examination of the mileage figures is to be made in comparison with other authorities, it should be stated that, apart from the fact that one of the big hospitals in the borough is situated on the borough boundary in an area which is not densely populated, two of the maternity hospitals to which expectant mothers are admitted are situated in the area of Gower Rural District Council, one of them being thirteen miles from the town centre. These 'out of town journeys' for maternity cases are of at least 1½ hours duration and this can be most inconvenient at times. A large maternity hospital situated in the town would effect a considerable saving in time and money.

#### Trend as compared with Previous Years.

Year	No. of patients carried.	No. of journeys.	No. of miles.	Average miles per patient.	Remarks.
1948	No record kept.	11,624	144,088	-	Including supplementary services.
1949	28,121	19,227	247,464	8.8	do.
1950	33,656	16,121	225,503	6.7	Operation of N.H.S. (Amendment) Act, 1949.
1951	38,850	17,869	233,283	6.0	Radio telephone introduced on 6 ambulances, 2nd June, 1951.
1952	45,679	17,651	238,911	5.2	Radio telephone installed in a further 3 ambulances.

Whilst the number of patients being conveyed is increasing (it is a matter for sober reflection that, during 1952, 125 patients were carried daily or, if Sundays are excluded, the figure is 145) the number of journeys compared with 1949, the first full year of operation under the National Health Service Act, has been reduced and the same may be said of the mileage run; but the most important point which is shown by the table is that the number of miles per patient has been gradually reduced and this is no doubt due, in a large measure, to the introduction of the radio telephone system.

#### PREVENTION, CARE AND AFTER-CARE.

##### Description of the Service.

##### Tuberculosis.

##### Domiciliary treatment.

During the year, 134 persons suffering from tuberculosis were treated at home by the district nurses acting under the supervision of the Chest Consultant and family doctor. A number of cases were receiving streptomycin treatment whilst the others were chronic sick. The figure



of 134 was greater than that for the previous year when 102 persons were nursed. Of the 134 cases being nursed, 79 were completed and 26 patients were transferred to hospital. At the end of the year, 19 cases were still being nursed. The nurses made 8.013 visits to the 134 cases.

#### Health Visiting.

Health visitors visit the homes of the tuberculous and advise the household on environmental hygiene. A progress report is also completed at each visit on the conditions prevailing in the household at the time of the visit and this is forwarded to the Consultant Chest Physician. This enables the Consultant to have up to date knowledge of the home circumstances and the difficulties experienced.

Every three months the health visitor visits the Chest Clinic and has a case conference with the Consultant regarding the cases on her district. To a large degree this co-ordinates the prevention, care and after-care services with the diagnostic and treatment services. 3,333 visits were made by the Health Visitors.

#### Number of Domiciliary Visits.

Treatment (District Nurses) ...	8,031
Care, After-Care, etc. (Health Visitors)	<u>3,333</u>
	<u>11,346</u>

The total number of visits made in 1951 was 8,180.

#### Rehousing.

There is a close liaison between the Chest Consultant and this department in respect of the tuberculous who need better or special housing facilities. In each case, a health visitor reports on the home conditions and a recommendation is made by the Chest Consultant on the information before him. On the collective information thus received, a request is then made to the Housing Manager for the rehousing of these people. The Housing Committee has agreed to allocate 15% of all available houses to the tuberculous.

#### B.C.G. Vaccination.

B.C.G. Vaccination is undertaken by the Chest Consultant and started on the 1st October, 1951. 619 persons were vaccinated at the end of 1951. During 1952, 279 persons were vaccinated.

Discussions are now taking place with a view to B.C.G. Vaccination being undertaken by the Assistant Medical Officers at the Authority's clinics.

#### Mass Miniature Radiography.

No general population survey was undertaken during 1952 but the unit made 30 individual surveys of various factories and organisations in the Borough. The following information relating to these surveys has been supplied by the Administrative Officer of the Regional Hospital Board's Mass Radiography Service:-

	<u>Male.</u>	<u>Female.</u>	<u>TOTAL.</u>
Number X-rayed ...	3,904	3,330	7,234
Total abnormal ...	406	236	642
Definite Pulmonary Tuberculosis	4	1	5
Needing further observation ...	18	20	38
Other abnormalities of the Chest	420	215	635

The four definite pulmonary cases were discovered in a hospital. With regard to the other pulmonary case and the 38 cases needing further observation, the position at the end of the year was:-

Still under observation	...	19
Confirmed cases of Pulmonary Tuberculosis		6
Healed Pulmonary Tuberculosis	...	6
Non-tuberculous	...	7
Failed to attend	...	1

#### Bed and Bedding.

Arrangements are made for supplies of bed and bedding to be issued to households in which a tuberculous patient is living. The recommendation of need is assessed by the health visitor and this recommendation, together with a statement regarding the financial circumstances of the household, is considered by the Committee. Where the income is below the scale approved by the Committee, a free supply is issued, whilst, in other cases where the need is considered most urgent, in order to prevent the spread of infection, and the income is above the scale, arrangements are made for a supply to be issued provided the applicant agrees to repay the cost to the department. The period over which the repayment is made varies according to the total cost of bed and bedding supplied, but every care is taken to see that no hardship is suffered by any member of the family as a result of this arrangement.

#### Sick Room Equipment.

A large supply of various items of sick room equipment has been purchased by the department and is provided on loan to patients when a recommendation is made by the family doctor or district nurse. A deposit fee of five shillings is required in respect of each article taken out on loan, but the deposit is refunded when the articles are returned in good condition. No deposit fee is required if the articles are to be issued on loan to old age pensioners or persons in receipt of national assistance.

#### Illness Generally.

#### Orthopaedics.

Treatment for orthopaedic and postural defects is provided at the Authority's Orthopaedic Clinic, Trinity Place. The cases normally dealt with are children who have attained school leaving age during the year, and where the treatment they were receiving had not been concluded.

No. of special cases seen by doctor	...	6
No. of re-examinations cases seen by doctor...		13
No. of patients treated at hospitals	...	11
No. of new patients treated	...	4
No. of old patients treated	...	<u>14</u>
Total attendances	...	<u>259</u>

Note. Information regarding the orthopaedic treatment of children under school age is included in the part of the report outlining the services available for the care of infants under school age.

#### Other Information.

Towards the end of the year, arrangements were being completed with a view to affording all the necessary care and after-care to persons discharged from hospitals. The service is now in operation, but to a limited extent only, because of the shortage of health visitors.



As has already been mentioned, it has been arranged with the Hospital Management Committee that the hospital will notify the department of all cases discharged and who should be receiving after-care.

When the attention of the department is brought to the position of any other invalids, every effort is made to look after their comfort. Arrangements are made for the district nursing and domestic help services to be made available if required. Health visitors also keep a friendly eye on them. If necessary, the case may be referred to the Welfare Section (National Assistance Act, 1948) of the department who will take all the necessary steps to ensure that the person is properly cared for. A survey is now being made of all persons residing in this area who died from carcinoma of the lung and bronchus.

#### DOMESTIC HELP.

Provision of domestic helps was first started on the 7th March, 1949. A full time Supervisor had commenced duty on the 2nd February previously, whose duty was to assess the needs of the applicants, visit their homes, allocate the domestic helps employed to their various duties and inspect them whilst at work. This organisation was continued until the early part of this year when the Supervisor of Domestic Helps resigned. The supervision of the service was then made the responsibility of the Superintendent Health Visitor. The Health Visitors now visit the homes of the applicants and assess their needs. Domestic Helps are allocated amongst the applicants by the Superintendent Health Visitor according to the information supplied to her on the forms completed by the health visitors and both the Superintendent Health Visitor and the health visitors visit the homes where the helps are working to ensure that a satisfactory service is given. The applicants who receive assistance are also followed up by the health visitors to ensure that the services of the help are really necessary.

This arrangement is working smoothly and, at the same time, it has provided the health visitor with opportunities of being a family adviser, particularly in the homes of old people.

Applications for the services of a domestic help must be made on a prescribed form and the application must be supported by the production of a medical certificate.

The service is organised from The Guildhall, and the Domestic Helps report at the office on Friday afternoons. Consultations are held with the Superintendent Health Visitor regarding the cases being serviced or regarding the conditions of employment affecting the helps. Instructions for the following week are given to them at the same time.

The applicants for posts of domestic helps are now numerous. This was not the case when the service was first started. The Superintendent Health Visitor is now able to choose for employment those women who realise that their duty is a part of the social service and that, apart from being excellent workers, they must also be kind, sympathetic, willing, tactful and of happy disposition. Priority of engagement is given to those women who are prepared to work in a household in which there is a tuberculous person. The position in this matter has greatly improved for, at the end of the year, there were eight helps who were prepared to do so, whilst at the beginning of April the number was only one. Specific instructions prepared by myself are given to all helps working in tuberculous households. Each domestic help working in a tuberculous household is X-rayed every 3 months.

At the end of the year, 15 helps were employed full time and 27 part time, equivalent to  $28\frac{1}{2}$  being employed full time.



The number of cases assisted from the inception of the service is shown below:-

	1949 <sup>*</sup>	1950	1951	1952
Maternity (including expectant mothers) ...	2	50	59	32
Tuberculosis ...	5	9	5	4
General sickness of members of family ...	52	80	81	85
Old Age Pensioners ...	28	107	113	153
Blind ...	2	9	11	14
TOTAL ...	89	255	269	288

\* Part year, from March.

From the above table it will be noticed that the number of applicants receiving assistance has increased every year. It is also known that many of the applicants desire to have the services of the help much more frequently than they are being serviced, also that many applications cannot be considered as the number of helps available for duty is not sufficient. The service is capable of further development, particularly in regard to night service.

The table also shows that the greater number of cases serviced is in respect of Old Age Pensioners. This is only to be expected in an age when the longevity of man is increasing. It must also be stated that usually the Old Age Pensioner does not want help of a temporary character to tide him over a period of emergency, but rather expects the help to be continually allocated to him. This is a matter which demands great tact from the Supervisor who has to point out that the service is available to ease their problems rather than solve them.

During 1951, five helps received additional training at the National Institute of Houseworkers, Swansea, but the centre has now closed down and therefore such facilities are no longer available.

#### HEALTH EDUCATION.

Lectures and group teaching are a daily feature at the clinics. Special emphasis is made with regard to accidents in the home. The lectures are accompanied by practical demonstrations, the display of posters and issue of pamphlets. Lectures, talks and practical demonstrations at various centres such as community centres, mothers guilds, sisterhood classes, womens voluntary services, etc. are given by medical, nursing and lay members of the staff.

Each new case of tuberculosis when first visited by the health visitor, is issued with a number of booklets published by the National Association for the Prevention of Tuberculosis, which the department supplies free of charge.

Health Visitors, District Nurses and Midwives being the officers of the department constantly in touch with the family, provide health education within the family group itself.

Social service students from the Swansea University College attend the clinics and other centres of the department so that they can see the practical side of the work which they are studying. Many students in

training colleges also make similar requests. Doctors taking the D.C.H. diploma are also permitted to attend the clinics to obtain the required practical experience.

## MENTAL HEALTH.

### Administration.

Matters relating to Mental Health are considered by the Health Committee, who refer to the Standing Health Committee for consideration and report any matter of importance.

### Number and Qualifications of Staff Employed in Mental Health Service.

#### Medical Staff.

The Medical Officer of Health is responsible for the organisation and control of the service, assisted by the Deputy Medical Officer and the Lay Administrative Officer.

The scheme submitted to the Ministry envisaged the appointment of a qualified psychiatrist who would assist in the medical direction of the service, spending part of his time at the Child Guidance Clinic. No appointment has yet been made in spite of repeated advertisements.

Three Assistant Medical Officers who have been approved by the Ministry devote part of their time to mental deficiency work.

No arrangements have been made with the Regional Hospital Board for the joint use of specialist medical officers.

#### Psychiatric Social Worker.

Provision is included in the scheme for the appointment of such an officer, but no officer has been appointed. These duties have been undertaken as required by the health visitors and the Senior Supervising Officer.

#### Other Mental Health Officers.

One Senior Supervising and Authorised Officer.

One Assistant Supervising and Authorised Officer.

Three other authorised officers (part-time), the Lay

Administrative Officer, the Chief Clerk and the

Administrative Assistant, Welfare Services. The

Medical Officer of Health is also an authorised officer.

The post of Social Worker is vacant.

#### Centres.

Occupation Centre - one Superintendent and two Assistants.

Industrial Centre - one Superintendent and one Assistant.

### Co-ordination with Regional Hospital Boards and Hospital Management Committees.

#### Joint use of officers.

No arrangements have been made.

### Supervision of Patients on Trial from Mental Hospitals.

The authorised officers are available to visit the homes of patients who are on licence from Mental Hospitals.

### Supervision of Patients on licence from Mental Defective Institutions.

The Senior Supervising Officer periodically visits patients who are home on licence from Mental Defective Institutions.

### Duties delegated to Voluntary Associations.

The Brighton Guardianship Society supervised three patients for this authority during 1952.

### Arrangements for the training of staff.

Members of the Occupation and Industrial Centre staffs attend courses in mental health work. During 1952 the Assistant in the Industrial Centre attended a refresher course for Occupation and Industrial Centre staffs held in London.

### Account of Work undertaken in the Community.

#### \* Under Section 28 of the National Health Service Act, 1946.

Wherever possible and practicable, every measure is taken in conjunction with the family doctor to prevent the mental breakdown of patients and all the resources of the department are available in this connection.

Care and after-care of the mentally ill is undertaken by the supervising and authorised officers who seek the co-operation if necessary, of all the other sections of the department.

### Lunacy and Mental Treatment Acts 1890 - 1930.

#### (a) Admitted to Mental Hospitals:-

(i)	Summary Registration Orders S.16	-	83
(ii)	Urgency Orders, S.17	-	22
(iii)	Three Day Orders, S.20	-	7
(iv)	Voluntary Patients	-	19

(b) No Statutory Action taken - 111

### Under the Mental Deficiency Acts, 1913 - 38.

#### Arrangements for ascertaining and supervising mental defectives.

The Deputy Medical Officer of Health and 3 Assistant Medical Officers are approved officers for ascertaining mental defectives. Cases brought to the notice of the department by the health visitors, teachers or even parents themselves, are seen at a special clinic.

The supervision of all mental defectives is undertaken by the Supervising Officer. When it is apparent that supervision does not afford sufficient protection, application is made to admit the case to an institution.

### Guardianship.

3 patients were in the care of the Brighton Guardianship Society at the end of the year.



	During 1952				Total cases on Authority's Registers as at 1.1.1953.			
	Under age 16		Aged 16 & over		Under age 16		Aged 16 & over.	
	M.	F.	M.	F.	M.	F.	M.	F.
1. <u>Particulars of cases reported during 1952.</u>								
(a) Cases at 31st December ascertained to be defective "subject to be dealt with." Action taken on reports by -								
(i) Local Education Authorities on children.								
(1) while at school or liable to attend school ...	2	5						
(2) on leaving special schools ...								
(3) on leaving ordinary schools	1	-	1					
(ii) Police or by Courts ...								
(iii) Other sources ...								
(b) Cases reported but not regarded at 31st December as defectives "subject to be dealt with" on any ground								
(c) Cases reported but not confirmed as defectives by 31st December and thus excluded from (a) or (b)...	1	1						
Total of item 1 ...	4	6	1	-	-	-	-	-
2. <u>Disposal of cases.</u>								
(a) Of the cases ascertained to be defectives "subject to be dealt with" number								
(i) Placed under Statutory Supervision	3	5	1	-	28	26	88	88
(ii) Placed under Guardianship	-	-	-	-	-	-	3	-
(iii) Taken to "Places of Safety"	-	-	-	-	-	-	4	4
(iv) Admitted to Institutions	-	-	-	-	6	3	80	73
(b) Of the cases not ascertained to be defectives "subject to be dealt with" number								
(i) Placed under Voluntary Supervision	-	-	-	-	1	6	9	10
(ii) Action unnecessary ...	-	-	-	-	-	-	-	-
Total of item 2 ...	3	5	1	-	35	35	184	175

	During 1952				Total cases on Authority's Registers as at 1.1.1953.			
	Under age 16		Aged 16 & over		Under age 16		Aged 16 & over.	
	M.	F.	M.	F.	M.	F.	M.	F.
3. <u>Classification of defectives in the Community on 1.1.53.</u>								
(a) Cases included in item 2(a)(i) to (iii) in previous page, in need of institutional care:-								
(1) In urgent need of institutional care:-								
(i) "cot and chair" cases	-	-	-	-	1	1	-	-
(ii) ambulant low grade cases	-	-	-	-	2	1	8	2
(iii) medium grade cases ...	-	-	-	-	1	2	-	2
(iv) high grade cases ...	-	-	-	-	-	-	-	-
(2) Not in urgent need of institutional care:-								
(i) "cot and chair" cases	-	-	-	-	-	-	-	-
(ii) ambulant low grade cases	-	-	-	-	-	-	-	-
(iii) medium grade cases ...	-	-	-	-	-	-	-	-
(iv) high grade cases ...	-	-	-	-	-	-	-	-
Total of item 3(a) ...	-	-	-	-	4	4	8	4
3. (b) Of the cases included in items 2(a)(i) and 2(b)(i) overleaf, number considered suitable for:-	Under age 16.		Aged 16 & over.					
	M.	F.	M.	F.				
(i) occupation centre ...	17	9	-	8				
(ii) industrial centre ...	2	-	34	-				
(iii) home training ...	-	-	-	-				
Total of item 3(b) ...	19	9	34	8				
(c) Of the cases included in item 3(b) number receiving training on 1.1.53:-								
(i) in occupation centre ...	12	5	-	8				
(ii) in industrial centre ...	2	-	32	-				
(iii) at home ...	-	-	-	-				
Total of item 3(c) ...	14	5	32	8				

4. Number of Mental Defectives who were in Institutions, under Community Care (including Voluntary Supervision) or in "Places of Safety" on 1st January, 1952, who have ceased to be under any of these forms of care during 1952.

	M.	F.	T.
(a) Ceased to be under care ...	8	4	12
(b) Died, removed from area, or lost sight of ...	2	1	3
Total ...	10	5	15

5. Of the total number of mental defectives under Supervision or Guardianship or no longer under care.

(a) Number who have given birth to children while unmarried during 1952	...	...
	Males	Females.
(b) Number who have married during 1952	...	...

#### Training - Occupation and Industrial Centres.

There are two day training centres for mental defectives. They are:-

- (a) Occupation Centre,  
Mount Pleasant Baptist Chapel Schoolroom,  
Aberdyberthi Street, Swansea.
- (b) Industrial Centre,  
St. Catherine's Schoolroom,  
Clifton Row, Swansea.

The Occupation Centre is further sub-divided to provide accommodation for older girls in the form of a Handicraft Centre.

#### Number receiving training.

The number receiving training at the end of the year is shown in item 3c of the table on page 114.

#### Medical Inspection and Treatment.

Medical examination of the patients is arranged annually.

14 patients at the Industrial Centre were treated at the Minor Ailment clinics for miscellaneous defects, making 63 attendances; 4 patients at the Occupation Centre were given minor ailment treatment at the clinics for the following defects - impetigo 2; ear defect 1; and miscellaneous 1; 9 attendances were made.

#### Type of Training Undertaken.

The following are examples of the activities undertaken at the Centres:-

Occupation Centre	-	Musical games, physical training, clay modelling, drawing.
Handicraft Centre	-	Cooking, embroidery, laundry, rug making.
Industrial Centre	-	Physical training, rug making, mat making, boot and shoe repairs, cutting of firewood, organised games.



The scope of training is limited due to the accommodation available, but the variety is such that it caters for group work and also gives an opportunity for individual initiative.

#### Provision of Meals.

The meals for both centres are cooked at the Occupation Centre. Many of the girls attending the Handicraft Class assist in preparing the meals under the supervision of the cook. The meals are conveyed to the Industrial Centre in insulated containers. The males and females attending the Centres, who are over 16 years of age, are provided with free meals. The parents of the children under 16 years are expected to pay for the meals, but allowances are made according to the financial circumstances of each family.

#### Transport Facilities.

Most of the males and many of the children attending the respective Centres have been trained to proceed to and from the Centres on their own initiative. Bus tokens and vouchers are issued to them for free travel on the buses. In some cases, however, it is necessary for a guide to accompany the person, but every effort is made to train the child to travel on its own as quickly as possible. From June of this year, ambulance transport has been provided for those patients who could not be reasonably expected to travel in public transport. The parents of the cases concerned are very appreciative of the service provided. Unfortunately, the conveyance of the cases to and from the Centres coincides with the time that the ambulance service is experiencing its peak hours, and only one ambulance can be allotted to this work. Consequently, some of the patients do not arrive at the Centre until 10.30 to 11 o'clock. However, the matter is receiving consideration and improvements will be effected during 1953.

#### Staff.

There was no change in personnel during the year.

#### Holidays.

The Centres are closed for similar periods as the County Primary Schools.

#### New Premises.

It is hoped, in the very near future, to provide a new Occupation Centre and to enlarge and improve the existing Industrial Centre.

#### Pocket Money.

The males and females over 16 years of age are provided with weekly pocket money. The sum varies from 2/6d to 5/-d as a token for good behaviour, regular attendance and the efficiency displayed in their training and work.

#### Miscellaneous.

Arrangements were made during the year for all the persons attending the Centres to go on a picnic. A visit was also made to the Christmas Pantomime. I should like to express my gratitude to the various managers concerned for their public spirited co-operation and also for providing facilities for entertainment etc., at reduced prices, and, in some cases, at no cost whatsoever.

## General.

Whilst every attempt is made to promote the welfare of these unfortunate people and to reduce, wherever possible, the mental anguish and anxiety of the parents, there are several children who are not only unsuitable to attend the Centres, but cannot be admitted to residential institutions owing to the very limited number of vacancies occurring in any year. Many of such children are not only a danger to themselves but to others, and the plight of the parents is both serious and heartbreaking. Until more accommodation is made available by the Welsh Regional Hospital Board, this state of affairs is bound to continue.





EDUCATION COMMITTEE.

Ex-Officio:

His Worship the Mayor, Alderman D. Jones, J.P., D.L.,  
(to May, 1952)

His Worship the Mayor, Councillor W.T.M. Hughes, J.P.,  
(from May, 1952)

Chairman:

Alderman F. Shail.

Vice-Chairman:

Alderman F.A. Gorst.

Alderman Mrs. R. Cross.

" T.R. Davies.

" S. John.

" W.S. Rees.

Councillor D.J. Fisher.

" A.E. Harries.

" A. Bainbridge.

" A.S. Edwards.

" W. Evans.

" T.J. Evans.

" D.A. Jenkins.

" Mrs. E. Jones.

" F.C. Jones.

" D. Jones.

Councillor Dr. I.H. Jones.

" G.H. Libby.

" W.H. Minney.

" T. Morgan

" P.W. Park.

" S. Parker.

" G.W. Peacock.

" G.B. Phillips.

" A.W. Pile.

" C.H. Thomas.

" H.J. Thomas.

" O.J. Thomas.

" D.M. Williams.

CHILD WELFARE SUB-COMMITTEE.

Ex-Officio:

His Worship the Mayor, Alderman D. Jones, J.P., D.L.,

His Worship the Mayor, Councillor W.T.M. Hughes, J.P.

Chairman:

Alderman Mrs. R. Cross.

Vice-Chairman:

Councillor F. A. Gorst.

Alderman Mrs. R. Cross.

" T.R. Davies.

" S. John.

" F. Shail

Councillor A.S. Edwards.

" D.J. Fisher.

" D.A. Jenkins.

" Mrs. E. Jones.

" Dr. I.H. Jones.

Councillor W.H. Minney.

" T. Morgan.

" P.W. Park.

" S. Parker.

" G.W. Peacock.

" C.H. Thomas.

" D.M. Williams.

To The Chairman and Members of the Swansea Education Authority.

Ladies and Gentlemen,

I have the honour to present my Annual Report on the work of the School Health Service for the year 1952.

During the past year the Service has been augmented by the addition of monthly Paediatric Clinics held at Eaton House Clinic by Dr. Ritchie Jenkins, Paediatrician to the Glantawe Hospital Management Committee, and by two monthly E.N.T. Clinics held at Central Clinic by Mr. Robinson and Mr. Crowther, E.N.T. Specialists to the Hospital Management Committee. The new clinics are functioning well and mark a decisive step towards a complete School Health Service in Swansea.

On 28th March a circular from the Ministry of Education was published revising the existing procedure of medical examinations for candidates applying for entry to training colleges, university departments of education and "approved art schools" as well as entrants to the teaching profession. The main effect of this is that such medical examinations are now to be undertaken by school medical officers.

During the year three parties of tuberculous children who were likely to be cured or considerably improved in health by a holiday in a Swiss Sanatorium, were sent for such holidays under the Swiss Red Cross Childrens Aid Service. The children were abroad for approximately four months in each case, and returned home having benefited tremendously from this very fine and generous service by the Red Cross Society. The final selection was made by a Swiss doctor from those cases, which fell into certain specified categories, ascertained by this Department.

Another interesting item which featured in this year's work was co-operation with the Institute of Child Health (University of London), the Society of Medical Officers of Health and Population Investigation Committee in their National Survey of the Health and Development of Children. The Survey is supported by the Ministry of Education and covers the progress of 6,000 children who were born in England, Wales and Scotland in the first week of March 1946. Through the survey a comprehensive picture of the growth, illness, development, sickness etc. of these children from all social classes is being built up which will provide valuable data on child health in the future. The children are to receive complete clinical examinations at the ages of 7, 9 and 11; the first of these was conducted in April of this year. At the beginning of each term a School Nurse visits each case and completes a questionnaire which provides the necessary information on holiday ailments and sickness during term-time.

The completion of the new Bishop Gore Grammar School and consequent transference of pupils from the temporary Grammar School premises in Heathfield, Swansea, gave the Education Authority an opportunity to utilise the vacated building to satisfy a long-felt want in the Borough for a special school for educationally sub-normal children. During most of 1952, the Education Department was preparing the school for this purpose and compiling lists of suitable pupils for intelligence testing by the recognised assistant school medical officers, and for final selection and interview by the Deputy School Medical Officer and Educational Psychologist. There are far more educationally subnormal children in Swansea than can be accommodated in this School and it has been agreed that those children who are most likely to benefit from attendance should be the ones selected. The situation will be considerably relieved thereby although many problems still remain.

The school dental organisation is still beset with staffing difficulties and only providing a fraction of the ideal service. Although remuneration in private dental practice is not as lucrative as a year ago it still compares so very favourably with that in the school dental service that dentists are not attracted to school work. The Senior Dental Officer's Report which is published elsewhere in this Annual Report deals more fully with this matter.

This staffing problem is now spreading to the medical staff and it is only through the employment of part time medical officers that essential work can be discharged. Towards the end of the year the situation deteriorated even more, so that the periodic school medical inspection programme was not completed by 31st December. Unfortunately this gradual deterioration coincides with a steady increase in the work of the assistant school medical officers; some of this work has been mentioned above in connection with the survey and the Swiss Red Cross scheme but there are many other duties which have been added to the list of recent years. These include the examination under Home Office Regulations of boarded out children and of children coming under or leaving the care of the Children's Officer, an increased number of intelligence tests carried out, the examination of students about to under-take teacher training and of teachers appointed for teaching posts, Mantoux surveys in the event of tuberculosis cases occurring in schools and the medical examination of nursery helpers and of School Meals staff.

I am happy to be able to report that the Orthopaedic Clinic which belonged to the Authority until the passing of the National Health Service Act and subsequently was administered by this Authority, acting as agents for the Welsh Regional Hospital Board, was returned to the Department with effect from 1st January 1952, by agreement with the Hospital Management Committee.

With reference to my comments on the general condition of the pupils in Swansea schools during 1951, it is gratifying to note that this year's figures show not only a maintenance of last year's high standard but also a slight improvement.

To conclude my report, I would like to express my appreciation for the co-operation of the chief officials of the several Corporation Departments who have contributed reports on the work of their Departments for inclusion in this volume, my gratitude to all members of the staff of the Health Department who have continued to support me so loyally over the past year, and to all the officials, private practitioners, teachers and others who have co-operated with and helped this School Health Service in another year of progress and public service.

I am, Ladies and Gentlemen,  
Your obedient servant,

E. B. MEYRICK,

School Medical Officer.

1st July, 1953.



S T A F F.

School Medical Officer.

E.B. MEYRICK, M.R.C.S.(Eng); L.R.C.P.(Lond); D.P.H.

Deputy School Medical Officer.

R. GLENN, M.B., B.Ch., B.A.O., D.P.H.

Lay Administrative Officer.

T. Leonard James, C.R.S.I.

MEDICAL STAFF.

Whole-time Assistant School Medical Officers.

J.R. Bennett, B.A., M.B., B.Ch., M.R.C.S., L.R.C.P. (Resigned 23rd August 1952).

M.M. Coughlan, M.B., B.Ch., B.A.O.

G.M. Medlicott, B.Sc., M.B., B.Ch. (from January 1952).

N.J. Morgan, B.Sc., M.B., B.Ch., (Resigned 17th June 1952).

N.G. Richards, B.Sc., M.B., B.Ch., D.C.H. (Resigned 31st December 1952).

G.M. Thomas, B.Sc., M.B., B.Ch., D.R.C.O.G.

G. Watkins, L.R.C.S.(Edin)., L.R.C.P., L.R.F.P.S.(Glasgow) C.P.H.  
(Resigned 12th January 1952).

N. Jones, B.Sc., M.B., B.Ch., D.R.C.O.G. (from 14th July 1952).

V. Simmons, M.R.C.S., L.R.C.P., D.C.H. (from 17th June 1952).

Temporary Assistant School Medical Officer.

Gwendoline Madel, M.R.C.S., L.R.C.P.

Consultants.

Chest Physician - T.W. Davies, B.Sc., M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.H.

Ophthalmologist - F.G. Hibbert, M.B., F.R.C.S., D.O.M.S.

Orthopaedic Surgeon - G.D. Rowley, B.Sc., M.B., M.Ch.

Ear, Nose & Throat Surgeons - C.P. Robinson, M.B., B.Ch., B.A.O., F.R.C.S.,  
J. Crowther, M.B., Ch.B., F.R.C.S

Paediatrician - R.T. Jenkins, M.R.C.S., M.R.C.P., D.C.H.

Dental Staff.

Senior Dental Officer - Herbert N. Tiplady, L.D.S.

Senior Assistant Dental Officer - J.F. Herbert, L.D.S.

Part-time Dental Officer - J.P. Rees, L.D.S.

Part-time Dental Officer - C.P. Morris, L.D.S. (from 17th June 1952).

Three Dental Attendants.

Clinic and Nursing Staff.

Superintendent School Nurse.

Miss M.E.I. Davies, S.R.N., S.C.M., H.V.C.

Chief Assistant School Nurse.

Miss E.K.M. Williams, S.R.N., S.C.M., H.V.C.

Twenty-eight School Nurses and Health Visitors.

Five Clinic Nurses.

Two Nursing Assistants.

Senior Orthopaedic Nurse.

Miss Constance Thurston, M.C.S.P., Orth. Cert.

Assistant Orthopaedic Nurses.

Miss Elizabeth Tuck, M.C.S.P., Orth. Cert.

Miss Mary Weaver, M.C.S.P.

Speech Therapist.

Miss Rona M. Thomas, L.C.S.T.

Administrative & Clerical Staff.

Chief Clerk.

S. F. Fisher.

Senior Clerk - School Health Service.

F. Thomas.

The equivalent of 9 Clerks.

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COUNTY BOROUGH OF SWANSEA.

GENERAL STATISTICS.

Area in acres (excluding foreshore)	...	21,600
Area in acres (including foreshore)	...	24,241
Population	...	160,400
Density of population per acre	...	7.4
Rateable Value - 1st April, 1952	...	£1,068,535
Penny Rate produces - Nett	...	£4,248

Schools maintained by the Local Authority.

Primary, Secondary Modern & Senior.	Number of Schools	...	45	
	Number of Departments	...	93	
	Average number on Registers	...		20,240
Secondary Grammar & Technical.	Number of Schools	...	5	
	Average number on Registers	...		2,927
Nursery.	Number of Schools	...	2	
	Average number on Registers	...		225
				<u>23,392</u>
Average Number of School Children (under 5) 1952				1,472

### Summary.

This table is intended to show briefly, the volume of work undertaken by the Service in its main sub-divisions during the year:-

Periodic medical inspections in maintained schools	...	11,208
Special medical inspections in schools and clinics	...	3,824
Re-examinations carried out in schools and clinics	...	5,863
Periodic medical inspections at Private Schools	...	78
Dental Inspections - Periodic and Special	...	8,434
Dental Treatment - Number of Pupils treated	...	4,524
Number of cleanliness inspections by Nurses		
in schools	... ..	70,024
Number of cleansing notices issued	... ..	1,859
Number of home visits made by school nurses following		
Medical Inspection and Treatment	... ..	156
Attendances - Medical Inspection & Minor Ailment Clinics..		29,440
"        - Dental Clinics	... ..	8,423
"        - Orthopaedic Clinic	... ..	6,910
"        - Ophthalmic Clinic	... ..	3,220
"        - Cleansing Clinics	... ..	1,293
Number of treatment interviews at Child Guidance Centre...		1,530
"        " sessions at Speech Therapy Clinic	... ..	1,384
"        " educationally sub-normal children ascertained...		84
"        " children treated by X-ray for disease of		
the skin	... ..	3
"        " minor ailments treated excluding		
uncleanliness	... ..	6,747

### SCHOOL CLINICS.

#### Minor Ailment & Medical Inspection Clinics.

CENTRAL.	The Central School Clinic, Troed-y-Bryn, Mount Pleasant, Swansea.	Tel. 3819.
CWMBWRLA.	Cwmbwrla School Clinic, Stepney Street, Cwmbwrla, Swansea.	Tel. 3806.
LLANSAMLET.	Llansamlet School Clinic, Frederick Place, Llansamlet, Swansea.	Tel. 7325.
MORRISTON.	Morrison School Clinic, Morfydd Street, Morrison, Swansea.	Tel. 7410.
ST. THOMAS.	St. Thomas School Clinic, Welwyn Lodge, Balaclava Street, St. Thomas, Swansea.	Tel. 2677.

#### Dental Clinics.

MANSEL STREET.	70 Mansel Street, Swansea.	Tel. 2918
MORRISTON.	Morrison School Clinic, Morfydd Street, Morrison, Swansea.	Tel. 7410.
MUMBLES.	Victoria Hall, Dunn's Lane, Oystermouth, Swansea.	Tel. 66768.
TOWNHILL.	Townhill School Dental Clinic, Townhill Road, Swansea.	Tel. 55087.
UPLANDS.	Eaton House Clinic, Eaton Crescent, Uplands, Swansea.	Tel. 57985.



### Special Clinics & Centres.

CHILD GUIDANCE.	Child Guidance Centre, Walter Road, Swansea.	Tel. 57494.
EAR, NOSE & THROAT.	Central Clinic, Troed-y-Bryn, Mount Pleasant, Swansea.	Tel. 3819.
OPHTHALMIC.	Central Eye Clinic, Troed-y-Bryn, Mount Pleasant, Swansea.	Tel. 3819.
ORTHOPAEDIC.	Orthopaedic Clinic, Trinity Place, Swansea.	Tel. 55384.
SPEECH THERAPY.	Speech Therapy Clinic, 70 Mansel Street, Swansea.	Tel. 918.
SCABIES.	Morrison Clinic, Morfydd Street, Morrison, Swansea.	Tel. 7410.
	Welwyn Lodge, Balaclava Street, St. Thomas.	Tel. 2677.
	Trinity Place Cleansing Clinic.	Tel. 55384.

### Periodic Medical Inspections.

Number of inspections in the prescribed Groups:-

Entrants	...	...	...	2,915
Second Age Group	...	...	...	954
Third Age Group	...	...	...	1,436
				<u>5,305</u>
Number of other Periodic Inspections	...			<u>5,903</u>
				<u>11,208</u>

Note. (1) The Age Groups prescribed by the Handicapped Pupils and School Health Service Regulations, 1945, for periodic medical examination are as follows:-

Entrants - "Every pupil admitted for the first time to a maintained school shall be inspected as soon as possible after the date of his admission."

Second Age Group - "Every pupil attending a maintained Primary School shall be inspected during the last year of his attendance at such a school."

Third Age Group - "Every pupil attending a maintained Secondary School shall be inspected during the last year of his attendance at such a school."

Other Periodic Inspections - "Every pupil attending a maintained school shall be inspected on such other occasions as the Minister may from time to time direct or the Authority with the approval of the Minister may determine."

### Other Inspections.

Number of Special Inspections	...	3,824
Number of Re-inspections	...	<u>5,863</u>
		<u>9,687</u>

Note. (1) Special Inspections are examinations of pupils, not falling into a prescribed age group, requested either by a head teacher or parent, and carried out at either school or clinic. They also include periodic age group cases referred by Assistant Medical Officers for more detailed examinations than are possible at school.

(2) Re-inspections may be carried out at school or clinic and consist of all examinations subsequent to the initial special examination.

Attendance by parents at Medical Inspections.

Number of parents who were present during the medical inspection of their children at schools and clinics ... 7,809

Pupils found to require Treatment.

The number of individual pupils found at Periodic Medical Inspection to require treatment (excluding treatment for Dental Disease and Vermin Infestation).

GROUP. (1)	For Defective Vision (excluding squint) (2)	For any of the other conditions recorded in Table II. (3)	Total of individual pupils (4)
Entrants ...	11	590	599
Second Age Group ...	39	127	156
Third Age Group ...	69	130	195
Total (Prescribed Groups)...	119	847	950
Other Periodic Inspections ...	251	745	970
GRAND TOTAL ...	370	1,592	1,920

TABLE II.

Return of Defects found by Medical Inspection.

Defect Code No.	Defect or Disease. (1)	PERIODIC INSPECTIONS.		SPECIAL INSPECTIONS.	
		No. of Defects		No. of Defects.	
		Requiring treatment. (2)	Requiring to be kept under observation but not requiring treatment. (3)	Requiring treatment. (4)	Requiring to be kept under observation but not requiring treatment. (5)
4	Skin ...	114	579	437	20
5	Eyes - a. Vision	370	77	59	24
	b. Squint	88	113	21	4
	d. Others	79	93	108	19
6	Ears - a. Hearing	36	72	20	6
	b. Otitis Media	43	97	8	3
	c. Other	27	44	70	15
7	Nose or Throat ...	463	1,219	140	116
8	Speech ...	22	104	6	6
9	Cervical Glands	97	592	45	55
10	Heart and Circulation	65	417	11	12
11	Lungs ...	126	386	23	24
12	Developmental -				
	a. Hernia	9	47	4	-
	b. Other	18	78	-	3
Contd.....					

TABLE II (Cont'd).

Return of Devects found by Medical Inspection.

Defect Code No.	Defect or Disease. (1)	PERIODIC INSPECTIONS.		SPECIAL INSPECTIONS.	
		No. of Defects.		No. of Defects.	
		Requiring treatment. (2)	Requiring to be kept under observation but not requiring treatment. (3)	Requiring treatment. (4)	Requiring to be kept under observation but not requiring treatment. (5)
13	Orthopaedic				
	a. Posture	22	302	13	6
	b. Flat foot	145	214	59	10
	c. Other	160	425	25	18
14	Nervous System -				
	a. Epilepsy	3	27	5	3
	b. Other	34	173	12	14
15	Psychological -				
	a. Developmental.	19	105	1	1
	b. Stability	8	83	-	4
16	Other ...	251	382	505	132

Note:- All defects noted at medical inspection as requiring treatment are included in the above return, whether or not this treatment was begun before the date of the inspection.

Classification of the General Condition of Pupils  
Inspected during the year in the Prescribed Age Groups.

AGE GROUPS.	Number of Pupils Inspected.	A. (Good)		B. (Fair)		C. (Poor)	
		No.	% of Column 2.	No.	% of Column 2.	No.	% of Column 2.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants ...	2,915	1,225	42.0	1,507	51.7	183	6.3
Second Age Group ...	954	328	34.5	549	57.5	77	8.0
Third Age Group ...	1,436	587	40.9	722	50.3	127	8.8
Other Periodic Inspections ...	5,903	1,988	33.7	3,404	57.7	511	8.6
TOTAL ...	11,208	4,128	36.8	6,182	55.2	892	8.0



Classification of the General Condition of Pupils  
inspected at Periodic Medical Inspections during  
the Decade 1943 - 1952.

Year.	Number of children inspected.	A. (Good)		B. (Fair)		C. (Poor)	
		No.	%	No.	%	No.	%
1943.	3,495	81	2.3	1,815	52.0	1,599	45.7
1944.	7,945	311	3.9	5,847	73.6	1,787	22.5
1945.	6,768	205	3.0	5,461	80.7	1,102	16.3
1946.	5,606	482	8.6	4,487	79.6	637	11.8
1947.	5,902	634	10.7	4,531	76.8	737	12.5
1948.	6,612	510	7.7	5,275	79.8	827	12.5
1949.	14,619	2,801	19.2	9,619	65.8	2,199	15.0
1950.	11,841	2,034	17.0	8,162	69.0	1,645	14.0
1951.	10,826	3,394	31.4	6,494	59.9	938	8.7
1952.	11,208	4,128	36.8	6,182	55.2	892	8.0

Table showing the Average Heights and Weights  
of Pupils attending Maintained Schools.

Age Groups.	B O Y S		G I R L S	
	Average Height in centimetres.	Average Weight in kilos.	Average Height in centimetres.	Average Weight in kilos.
2	89.9	13.2	86.5	12.6
3	95.7	15.5	95.4	15.0
4	105.3	17.4	103.4	16.7
5	111.9	19.3	108.0	17.9
6	112.2	20.2	112.9	20.2
7	121.9	23.6	120.8	23.2
8	124.6	25.3	124.0	24.8
9	131.8	29.3	130.7	28.5
10	134.0	30.2	133.9	29.9
11	141.8	35.2	143.2	35.9
12	143.9	37.6	147.8	39.6
13	151.2	42.3	152.9	45.1
14	157.4	46.4	156.4	48.8
15	164.1	53.9	160.3	52.7
16	171.5	59.9	162.0	54.1
17	173.5	62.9	164.7	55.0
18	174.9	63.9	162.1	50.6

TREATMENT.

GROUP I - DISEASES OF THE SKIN (excluding Uncleanliness).

	Number of cases treated or under treatment during the year.	
	By the Authority.	Otherwise.
Ringworm - (i) Scalp ...	19	3
(ii) Body ...	23	-
Scabies ...	15	-
Impetigo ...	397	-
Other skin diseases ...	636	-
TOTAL ...	1,090	3

GROUP II - EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases dealt with	
	By the Authority.	Otherwise.
External and other, excluding errors of refraction and squint ...	-	435
Errors of refraction (including Squint) ...	-	3,172
TOTAL ...	-	3,607
Number of pupils for whom spectacles were -		
(a) Prescribed ...	-	735
(b) Obtained ...	-	607

GROUP III - DISEASES AND DEFECTS OF EAR, NOSE & THROAT.

	Number of cases dealt with by the Authority.
Received operative treatment	
(a) for diseases of the ear	-
(b) for adenoids and chronic tonsillitis ...	-
(c) for other nose and throat conditions ...	-
Received other forms of treatment	379
TOTAL ...	379

GROUP IV - ORTHOPAEDIC AND POSTURAL DEFECTS.

(a) Number treated as in-patients in hospitals	12 By the Authority.	- Otherwise.
(b) Number treated otherwise, e.g. in clinics or out-patient departments. ...	863	-

GROUP V - CHILD GUIDANCE TREATMENT.

	Number of cases treated.	
	In the Authority's Child Guidance Centre.	Elsewhere.
Number of pupils treated at the Child Guidance Centre ...	82	-

GROUP VI - SPEECH THERAPY.

	Number of cases treated.	
	By the Authority.	Otherwise.
Number of pupils treated by Speech Therapists. ...	125	-

GROUP VII - OTHER TREATMENT GIVEN.

	Number of cases treated.	
	By the Authority.	Otherwise.
(a) Miscellaneous minor ailments. ...	4,842	-
TOTAL ...	4,842	-



Annual Report on the School Dental Service  
(Swansea) 1953.

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In making my report on the dental services provided during the year it is again necessary to state that, owing to the shortage of staff, periodic inspection and treatment was only available to certain schools and emergency treatment to the remainder. There were two full-time dental officers giving routine treatment at Eaton House and Mansel Street Clinics; and two private practitioners giving part time service at Morriston (one emergency session) and Eaton House (three routine sessions) respectively.

The full time officers provided routine treatment:-

- |                      |   |   |
|----------------------|---|---|
| Eaton House Clinic   | - | for High School Dynevor, Brynmill, Dunvant, St. Helen's and Christ Church (also two emergency sessions weekly.) |
| Mansel Street Clinic | - | for Glamor, Grammar School, Oxford Street, Nursery School (also one weekly emergency session).                  |
| Mumbles Clinic       | - | for Mumbles Schools - 2 sessions weekly (also one fortnightly emergency session).                               |
| Townhill Clinic      | - | One emergency session weekly.   |

One private practitioner gave one session to emergency treatment at Morriston Clinic and this has been a great help for some years.

In my report last year, I stated the position of the School Dental Service in Swansea, regretting that owing to the inadequate staff only about 30% of the children were able to obtain periodic inspection and treatment, whilst the casual treatment available to the remainder was far removed from the original intentions and ideals of the Service. It is so important to keep this in mind that I am repeating it again this year.

Emergency treatment of casual patients is unavoidable and an efficient service must be provided for this purpose at the very least; there are parents however who are practically indifferent to the dental well-being of their children and who are subsequently very hard to convince that the School Dental Service exists for anything more than this. From past experience I found how difficult this idea was to eradicate as the Swansea Scheme was built up to its full complement in 1938.

Last year I commented on the various suggestions that had been put forward for dealing with the situation throughout the country and especially that of the treatment of school children by private practitioners.

This year the controversial issue seems to be an offer on the part of some dental practitioners to give one or more sessions weekly to treatment in the school clinics and this again calls for comment.

The difficulties of administration in absorbing part time dentists into the service are not insurmountable, but they are considerable and may in fact offset any benefit which may be derived from the proffered help for the following reasons:-

1. A part time dentist needs a surgery and a dental attendant. Our extra surgeries have not been used for at least four years and need a considerable amount of time and money for reconditioning; unused equipment deteriorate and becomes obsolete, whilst that in private practice has considerably improved, especially since 1948. The appointment and training of a dental attendant also takes time. There is a greater incentive to do these things when a full time

Dental Officer is appointed than there is when a dentist who is likely to leave at any time offers only one or two sessions weekly.

2. The sessions offered are usually certain specific sessions and not any one (or more); this most definitely excludes the use of only one extra surgery and attendant, and means that the various areas would have to be opened up piece meal.
3. Although there is no recognised rate of remuneration for part time work yet the one adopted in Swansea gives a very adequate safeguard against any such eventualities as -

Insecurity of Tenure. This seems to me to bear more against the school service, for my experience has been that, when the economics of private practice demand, sessions are gradually dropped one by one and an area with its children, surgery, and attendant can be left at any time. Part time dentists are quite aware that they can be reasonably certain of a full time appointment if, and when, it suits them to apply.

Practice Expenses. A few dentists, in well established and busy practices, who have a genuine desire to help in the school service feel that they cannot afford the sacrifices entailed as the expenses of their practices are going on all the time; the figures quoted to explain this are however often exaggerated to absurdity, and are capable of several interpretations, according to one's point of view.

No Holidays with Pay. ) This is of little consequence as the  
No pay, no work. ) following example shows - A County Authority advertised recently in the British Dental Journal for a full time dental officer (up to five sessions weekly); the salaries offered enabled the part time dentist to earn as much in  $2\frac{1}{2}$  days as the dental officer did in a week (i.e. giving three days holiday a week with pay) and gave him in addition £200 - £300 a year for eventualities. It is not to be wondered at that dental officers do not welcome, with enthusiasm, the employment of many part time dentists who have all the benefits of their well established organisation and yet may have little interest in it.

4. School Dentistry is rather a speciality in which it requires time to acquire an efficient routine while dentists, who have been running their own practices for some years, are not inclined to take kindly to any form of direction when working for a Local Authority; the younger dentists, moreover, state quite openly that they are much better off, in every way, doing a few, part-time sessions weekly; the incentive to become full-time officers is quite removed and the offer of part-time work has actually prevented many from becoming permanent members of the School Dental Service.
5. The offer of help is somewhat belated and had it come earlier the motives of private practitioners would not have been open to question; four years ago, when the National Health Service Act provided great remuneration, the dental treatment of school children appeared to be of secondary importance. I feel sure that the position of the School Service could be quickly improved by the addition of full time officers if all Local Authorities were more lenient in their interpretation of what should be an adequate commencing salary; the initial salary of the Whitley Scale is quite useless and is unattractive to suitable applicants, especially in view of the remuneration which is being offered for part time work.

So much space in my report has been taken up with administration that I must appear to have lost sight of the subject of the prevention of dental decay, but this is by no means true. It is the earnest desire of all conscientious dental officers that some control over the incidence of caries should be forthcoming. Theories of prevention have been put forward with regularity and sometimes they are based on experiments that appear to have been conducted with meticulous care; and to the best of our ability we have tried to put these into practice, yet our efforts have met with little success. Over a period of 30 years in the school service I have often, with the rest, 'cantered enthusiastically up blind alleys' in my attempts to find the correct advice to give parents on how to prevent dental decay in their children, and I am now far less susceptible to the optimism that prevails when some new theory is advanced.

There is one bright spot, however, of positive value and it is a common experience of most dental officers. ~

Children in institutions, such as Homes and Orphanages, seem to develop a relative immunity to dental carries in a very short time although they are originally just a cross section of the usual school population. When efficient, these institutions provide a diet which is plain and regular and which require adequate exercise for the teeth, with simple oral hygiene in addition. I have just examined 50 children in such an institution and only 40% needed to be referred for treatment - none of it extensive; 20 of the remainder (i.e. 40% of the whole) were apparently quite free from dental decay.

This is a startling picture compared with our usual dental examination in school and I am sure that this part of institutional life could be copied with advantage.



Dental Inspection and Treatment carried out by  
the Authority.

(1) Number of pupils inspected by the Authority's Dental Officers:-			
(a)	Periodic age groups	...	5,800
(b)	Specials	...	<u>2,634</u>
	TOTAL (1)	...	<u>8,434</u>
(2)	Number found to require treatment	...	7,275
(3)	Number referred for treatment	...	5,115
(4)	Number actually treated	...	4,524
(5)	Attendances made by pupils for treatment	...	8,423
(6)	Half-days devoted to:-		
	Inspection	...	90
	Treatment	...	<u>856</u>
	TOTAL (6)	...	946
(7)	Fillings: Permanent Teeth	...	4,099
	Temporary Teeth	...	<u>49</u>
	TOTAL (7)	...	4,148
(8)	Number of teeth filled: Permanent Teeth	...	3,344
	Temporary Teeth	...	<u>46</u>
	TOTAL (8)	...	3,390
(9)	Extractions: Permanent Teeth	...	1,700
	Temporary Teeth	...	<u>4,669</u>
	TOTAL (9)	...	6,369
(10)	Administration of general anaesthetics for extraction.		3,553
(11)	Other operations: Permanent Teeth	...	333
	Temporary Teeth	...	<u>11</u>
	TOTAL (11)	...	<u>344</u>

# UNCLEANLINESS.

## Infestation with Vermin.

All cases of infestation, however slight, are recorded in this table.

These figures relate to individual pupils and not to instances of infestation.

(i)	Total number of examinations in the schools by the school nurses or other authorised persons	...	70,024
(ii)	Total number of individual pupils examined	...	22,105
(iii)	Total number of individual pupils found to be infested		2,997
(iv)	Number of individual pupils in respect of whom cleansing notices were issued under Section 54(2), Education Act, 1944.	... ..	1,859
(v)	Number of individual pupils in respect of whom cleansing orders were issued under Section 54(3), Education Act, 1944	... ..	-

## New cases treated at Clinics during the decade 1943 - 1952.

1943	...	709
1944	...	1,133
1945	...	817
1946	...	467
1947	...	231
1948	...	198
1949	...	111
1950	...	404
1951	...	363
1952	...	329

## Arrangements for Cleansing.

Verminous cases where the infestation is of more than slight degree are referred to one of the Cleansing Stations. The method of cleansing louse infected hair at the Clinics is by means of Ascabiol with subsequent combing followed by washing and combing at home.

In uncomplicated cases, one application of Ascabiol is usually sufficient.

Absentees are followed up by the Health Visitors. All heavily infested children are excluded from school until clean.

## INFECTIOUS DISEASES STATISTICS.

Number of children between the ages of 5 and 15 inclusive,  
notified as suffering from Infectious Diseases during the last 10 years.

	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952
Scarlet Fever	170	207	84	83	223	454	311	257	141	150
Diphtheria	125	60	24	2	6	1	-	-	-	-
Whooping Cough	82	80	42	65	60	127	98	65	152	61
Measles	855	235	829	12	947	164	529	507	479	668
Poliomyelitis	-	-	-	-	11	4	7	11	10	6*
Meningococcal Infection	11	12	2	1	-	-	1	-	2	1
Tuberculosis -										
Respiratory	7	5	7	12	6	10	7	5	8	3
Non-Respiratory	16	20	18	18	19	25	9	12	5	7
Dysentery	2	12	17	17	-	2	-	12	11	5

\* These 6 Poliomyelitis cases are non-paralytic male cases.

## MILK AND MEALS STATISTICS.

### Milk.

As from 1st September, 1946, the Ministry of Education indicated that pupils in maintained Primary and Secondary Schools should receive free milk daily. In view of the supply position, however, it was decided to maintain the daily quantity available for each pupil at  $\frac{1}{3}$  pint; this quantity was increased as from August, 1947 to  $\frac{2}{3}$  pint daily in the case of pupils in attendance at Nursery Schools.

Approximately 3,730,400  $\frac{1}{3}$  pint bottles of milk were supplied free to pupils (in the Authority's Primary and Secondary Schools) estimated to number 24,210 during the year 1952.



The School Meals Service now extends to all the Authority's Schools.

The following is a summary of the meals supplied by the Authority's Cooking Depots throughout the year:-

(1) Swansea Primary Schools	-	Free ...	371,595
		Paid ...	<u>755,575</u>
			1,127,170
(2) Swansea Secondary Schools	-	Free ...	120,581
		Paid ...	<u>481,731</u>
			602,312
(3) Swansea Nursery Schools	-	Free ...	8,109
		Paid ...	<u>27,534</u>
			<u>35,643</u>
			<u>1,765,125</u>

	1946	1947	1948	1949	1950	1951	1952
(a) PRIMARY SCHOOLS:							
(1) Number of meals supplied (free)	604,857	587,821	568,345	469,911	442,754	415,549	371,595
(2) Number of meals supplied (on Payment)	873,789	981,302	1,086,427	910,424	740,691	741,483	755,575
(b) SECONDARY SCHOOLS:							
(1) Number of meals supplied (free)	32,648	50,548	61,574	145,258	152,020	141,474	120,581
(2) Number of meals supplied (on payment)	163,829	285,183	337,125	483,581	449,370	507,840	481,731
(c) NURSERY SCHOOLS:							
(1) Number of meals supplied (free)	-	10,065	13,725	13,600	4,880	5,893	8,109
(2) Number of meals supplied (on payment)	68,458	30,226	29,237	28,206	27,019	30,727	27,534
(d) CANTEENS, ETC. (on payment)	19,082	20,709	7,537	-	-	-	-
(e) GLAMORGAN L.E.A. SCHOOLS (on payment)	197,388	150,797	118,944	69,101	49,066	10,247	-
TOTALS	1,960,051	2,116,651	2,222,914	2,120,081	1,865,800	1,853,213	1,765,125

School Hygiene 1952.

The following new schools were completed and occupied during the year:-

Mayhill Primary School for 200 Infants.  
Grange Primary School for 320 Juniors.  
Grange Primary School for 120 Infants.  
Primary School for 320 Juniors.  
Primary School for 200 Infants.  
Final completion of the Bishop Gore School.  
Pen-y-Bryn School.  
New Classrooms at St. Thomas' Secondary School for Girls.

The following new premises were under construction at the end of the year:-

x Penlan Multilateral School for Boys  
x West Penlan Junior School.  
x West Penlan Infants School.  
New Production Engineering Laboratory at the Technical College.  
New Science Rooms at the Glamor Girls' Secondary School.  
Additional Dining Room at the Bishop Gore School.

The following new schools are proposed:-

x Infants School at Clase.  
x Junior School at Fforesthall.  
Infants School at Fforesthall.  
Additional classrooms at Grange Infants School.  
x Mynyddbach Multilateral School for Girls.

Note:-

The schools marked with an asterisk are/or will be equipped with an M.I. room.

The following improvements were carried out at schools during the year:-

Cwmbwrla Infants	New heating boiler.
Dunvant	"
Danygraig	"
Pentrepoeth Infants	"
St. Helen's Infants	"
Mayhill	"
Gendros Infants	Additional sanitary accommodation.
Glamor Gymnasium	Fitting tubular heaters.
Technical College	Building apprentices accommodation.
St. Josephs Boys	Woodwork and Metal Centre.
Dyfatty Infants	Lavatory accommodation.
St. Illtyds Dining Centre	Redecorations.

THE HANDICAPPED PUPILS AND SCHOOL, HEALTH SERVICE  
REGULATIONS, 1945.

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Categories of Handicapped Pupils.	Newly ascertained during 1952 as re- quiring education at Special Schools or boarding in homes.	No. from area requiring places in Special Schools at end of 1952.	No. in attend- ance at Special Schools or Independent Schools under arrangements made by this Authority as on 31st Dec. 1952.
BLIND PUPILS, that is to say, pupils who have no sight or whose sight is or is likely to become so defective that they require education by methods not involv- ing the use of sight.	-	-	1
PARTIALLY SIGHTED PUPILS, that is to say pupils who by reason of defective vision cannot follow the ordinary curric- ulum without detri- ment to their sight or to their education- al development, but can be educated by special methods in- volving the use of sight.	-	1	5
DEAF PUPILS, that is to say pupils who have no hearing or whose hearing is so defective that they require education by methods used for deaf pupils without naturally acquired speech or language.	2	3	19
PARTIALLY DEAF PUPILS, that is to say pupils whose hearing is so defective that they require for their education special arrangements or facilities but not all the educational methods used for deaf pupils.	-	-	-



Categories of Handicapped Pupils.	Newly ascertained during 1952 as requiring education at Special Schools or boarding in homes.	No. from area requiring places in Special Schools at end of 1952.	No. in attendance at Special Schools or Independent Schools under arrangements made by this Authority as on 31st Dec. 1952.
<p><b>EDUCATIONALLY SUB-NORMAL PUPILS</b>, that is to say pupils who, by reason of limited ability or other conditions resulting in educational retardation, require some specialised form of education wholly or partly in substitution for the education normally given in ordinary schools.</p>	84	170	1
<p><b>EPILEPTIC PUPILS</b>, that is to say pupils who by reason of epilepsy cannot be educated in an ordinary school without detriment to the interests of themselves or other pupils and require education in a special school.</p>	1	-	1
<p><b>MALADJUSTED PUPILS</b>, that is to say pupils who show evidence of emotional instability or psychological disturbance and require special educational treatment in order to effect their personal, social or educational re-adjustment.</p>	2	-	-
<p><b>PHYSICALLY HANDICAPPED PUPILS</b>, that is to say pupils, not being pupils suffering solely from a defect of sight or hearing, who by reason of disease or crippling defect cannot be satisfactorily educated in an ordinary school or cannot be educated in such a school without detriment to their health or educational development.</p>	3	-	1

# MENTAL DEFICIENCY.

Number of children examined and reported during the calendar year:-

(a) Under Section 57(3) (excluding those returned under (b).)	...	6
(b) Under Section 57 relying on Section 57(4)	...	-
(c) Under Section 57(5) of the Education Act, 1944.	...	3

## CHILDREN AND YOUNG PERSONS ACT, 1933.

The prescribed medical reports on children under consideration by the Juvenile Court involve an assessment of mental ability.

Those cases in which medical reports were required during 1952 were dealt with in the following manner:-

			<u>Boys.</u>	<u>Girls.</u>
Approved Schools	...	...	17	-
Approved Hostels	...	...	2	-
Probation Order	...	...	6	1
On waiting list for Residential School for educationally sub-normal	...	...	1	-
Other Authorities	...	...	-	-
Committed to care of Local Authority..			1	1
No action	...	...	9	-

## SPEECH THERAPY.

Number of referral and treatment interviews with parents and children .....	1384	) 1852 No. of appointments arranged.
Number of referral and treatment interviews refused or not kept .....	468	
Number of new cases interviewed .....	112	
Assignment of these 112 cases		
Regular treatment .....	50	
Intermittent treatment and advice .....	22	
Dental investigations .....	3	
Psychological Investigations .....	10	
Advice to parents or no treatment necessary .....	5	
Special schools - for deafness .....	1	
- for E.S.N. ....	3	
Failure to keep appointment and treatment refused .....	18	
Total number of children who received regular treatment during year .....	125	
Total number of cases followed up .....	175	
Total number of children on treatment and follow-up lists .....	300	
Number of cases successfully concluded to date.....	225	) 80 treatment at clinic. 145 follow-up at clinic and schools.
Number of cases remaining on December 31st, 1952 .....	75	
Number of school departments visited .....	50	
Number of children seen at Medical Inspections .....	74	

S.M.O. .... 60  
 Plastic Surgery ..... 4  
 E.N.T. .... 10

Number of home visits made ..... 25  
 Attendance during School-time ..... Approx. 80%  
 Attendances during Holidays ..... Approx. 35%

The Speech Therapist -

- (1) Attended a most beneficial conference at Keble College, Oxford from April 15th - 19th.
- (2) Gave six lectures.
- (3) Attended lectures at The Easter School for Teachers. At the High School and acted as chairman in one lecture.

CHILD GUIDANCE CENTRE.

Number of children referred during year (Boys 127, Girls 107) ... 234  
 " " " awaiting referral interview ... 24  
 " " " whose parents refused referral interview ... 77

Referral Interview.

- (1) Number held during period ... 181
- (2)

Reason for Referral	Boys	Girls	Total	%
Aggressive anti-social behaviour	10	4	14	8
Timid and inhibited behaviour, e.g. nightmare, sleep-walking ...	8	6	14	8
Educational difficulties (specific and general) ...	79	66	145	80
Disorders of bodily function with a psychological basis (e.g. enuresis) Speech defects excluded. ...	5	3	8	4
	102	79	181	

(3) Referral Agency.

Director	Teachers	Parents	M.O.H.	G.P. Hosp.	Prob. Off.	Magis- trates	Child Off.	Speech Th.	TOTAL.
8	134	7	14	13	-	1	2	2	181

(4) Age Range (years).

3	4	5	6	7	8	9	10	11	12	13	14	15+	TOTAL.
4	3	4	5	14	24	36	41	24	12	6	3	5	181



(5) Recommendations made.

(a)	Treatment at the Child Guidance Centre		
(i)	intensive	...	32
(ii)	occasional interviews and advice to parents/teachers	...	30
(b)	Ascertainment as being in need of special educational treatment:-		
(i)	Educationally sub-normal	...	30
(c)	Maladjusted	...	1
(d)	Ineducable	...	3
(e)	Physical examination	...	3
(f)	To Speech Therapist	...	3
(g)	To Children's Department	...	1
(h)	Home Tuition	...	1

77 cases awaiting decision.

Treatment.

(1)	Number of children at present undergoing treatment	...	37
(2)	Number of children awaiting treatment (referral interviews held)	...	14
(3)	Number of treatment interviews	...	1530
	(a) with children	...	685
	(b) with parents	...	845
(4)	Number of children whose treatment concluded during year:-		45
	(a) successfully	...	31
	(b) condition alleviated	...	5
	(c) unsuccessfully	...	1
	(d) at parent's wish	...	7
	(e) to Children's Home	...	1
	Number of school visits made	...	166
	Number of home visits made	...	130
	Number of lectures given	...	8

MISCELLANEOUS MEDICAL EXAMINATIONS.

In common with the work of other Local Authorities, the number of additional demands on the time of the medical staff continues to increase slowly and during the year the following medical examinations other than school routine were carried out:-

Students commencing teaching courses	...	73
Newly appointed teachers	...	84
Teachers prior to return to duty from sick leave	...	3
Nursery Helpers	...	20
School Canteen Staffs	...	49
Children at request of Children's Committee	...	65

## PHYSICAL EDUCATION IN THE AUTHORITY'S SCHOOLS FOR BOYS, 1952.

### General.

A new primary school (Grange School) was opened in West Cross. This school has a spacious hall which is used for physical education. Equipment provided includes Southampton and Essex agility apparatus, a gymnastic box, forms and mats. The playground is of generous proportions and should prove adequate for physical education activities. The playing field, at the eastern end of the site has not yet been completed. This field is planned for a playing area of 100 x 50 yards and will prove most useful. For a school of its size Grange requires another playing field, which might be provided at a later stage as there is room for development at the western end of the school site.

The playing field at Dilwyn Llewellyn School has been completed. As previously reported, this field is not as large as might be desired but excellent use is being made of it as far as turf conditions allow and the next year will see it in full use.

The sum of £500 was allocated in the Annual Estimates for physical training shoes and clothing. The whole amount was spent on gym shoes. £250 was allotted to physical education apparatus. As this sum had been swallowed up very quickly in previous years by the purchase of footballs it was decided to utilise it this year in order to purchase cricket and rounders equipment.

### Physical Education Lessons.

(a) Primary Schools - The Ministry of Education published the first of two booklets on physical education in June. This book entitled "Moving and Growing" deals with the subject on very broad lines. It is well and generously illustrated and brings into sharp relief the ever-changing physical and mental characteristics of the child during its primary school life. By taking this line of thought emphasis is laid upon the school child as an individual person. As a forerunner of a more practical book dealing with methods of details of approach in physical education, "Moving and Growing" is an admirable publication. The non-appearance of the second book has been a disappointment to the primary school teacher who had been looking forward to studying the official version of the modern interpretation of presenting physical education to primary school children. The last publication of this nature was the 1933 Syllabus.

(b) Secondary Schools - Most schools are adequately staffed with specialist or semi-specialist teachers, and equipped with a certain amount of portable apparatus where fully equipped gymnasias are not available. Many of the secondary modern schools now require further apparatus to replace that worn out or to supplement existing supplies. The pattern of teaching methods remains traditional in principle but, as the gradual introduction of games and athletics training skills take up a greater proportion of time, more freedom and spontaneity of movement is becoming apparent.

### Organised Games.

All our secondary schools have access to facilities, through school playing fields or public park pitches, which make it possible, almost without exception, for a weekly organised games period to be arranged.

Rugby, Association Football and Cricket are played. The amount of equipment available is scarcely adequate for a satisfactory organised games scheme. Shortage of material precludes any extension of activities such as the introduction of soft ball (base ball) in the summer and basket ball in the winter. Both of these games could fill a long-felt want in meeting the needs of boys who do not show great aptitude for the traditional games, and as additional training media for the good games player.



### Swimming.

The Morriston Open Air Bath is used in the summer months for the teaching of swimming. In spite of the short season and the use of the bath by the public at the same time as the classes are under tuition, a considerable number of children learn to swim each year. Forty-two classes, or approximately 1,100 children, are included in the scheme and special transport is provided where it is found necessary.

Bishop Gore School Swimming Bath is now in full use by the Bishop Gore and Dynevor Schools and The Secondary Technical School during school hours. The School Swimming Association arranges for groups of boys from other schools to attend each evening during the week, in term time, between 5.0 and 7.0 p.m. In addition the bath is available to groups of boys during school holidays.

By using the bath to capacity in this way a tremendous stride has been made in the teaching of swimming to boys, and already exceptionally good results have been obtained. The full benefits will not be seen for another two or three years when a tradition will have been established and large numbers of boys will have had a prolonged period of training.

### Athletics.

Annual athletic meetings are now held by the individual secondary schools and progress is maintained through improvements in teaching technique. Shortage of athletics equipment acts as an effective brake on quicker progress. The enthusiasm is such, however, that at a meeting of schools representatives at The Guildhall in November it was recommended that an Annual Secondary Schools Athletic Meeting be instituted in 1953.

In December Mr. Geoffrey Dyson, Senior National A.A.A. Coach gave a very stimulating and interesting film-lecture on "Lessons of Helsinki". This took place at the Lecture Room at Bishop Gore School and groups of boys from all secondary schools attended. Mr. Dyson made a great impression on his audience by his knowledge, enthusiasm and skill. One must record at the same time that the audience, by their reaction, equally impressed Mr. Dyson.

### Visit of Danish Students.

Students of the Folk High School, Gerlev, Denmark, included Swansea in their tour of Great Britain and Northern Ireland. These young men and women gymnasts were entertained in Swansea homes during their three days' stay. The ready response to the appeal for accommodation was most gratifying and the generous hospitality shown by the hosts did much to make the visit an unqualified success. Three demonstrations of gymnastics and national dancing were given in the Brangwyn Hall; two afternoon matinees for secondary school children and an evening performance open to the public. Over 4,000 spectators were delighted with the standard and variety of work shown by these products of the Danish Folk High School system. Such visits have a stimulating and beneficial influence on boys and girls who have the opportunity to attend.

### Youth Service.

The Organiser co-operates and advises in all matters relating to physical education.

### Schools' Associations.

The re-formation, after twelve years' inactivity owing to the lack of a swimming pool, of the Swansea Schools' Swimming Association was the outstanding feature of 1952.

### Swansea Schools Swimming Association.

Twenty-four schools have affiliated and of those six are primary schools.



The bath sessions five of two hours each have been divided into eighteen training periods. The demand from schools far exceeds the accommodation and groups vary in number from ten to forty boys. Activities include teachers' classes, demonstrations and swimming instruction including life-saving.

#### Swansea Schools Cricket Association.

During a successful ten-week season over 160 games were played in the League programme. Very much improved form was shown all round and augurs well for 1953. Equipment is still a problem in spite of Association expenditure of £105. Successful school teams in the Championships were Ynystawe - Junior, Pentrepoeth - Intermediate, Pentrepoeth and Bible College - Senior. In the Sir Robert Webber Shield, a competition open to representative teams of South Wales and Monmouthshire, the Swansea XI reached the semi-final.

#### Swansea Schools Rugby Union.

From twenty-three teams in 1949-50 to forty-three teams taking part in the 1952-53 season, speaks volumes about the progress being made by Rugby Football in Swansea schools.

About 350 games were played including six home and six away matches by the Town Team.

#### Swansea Schools Association League.

Seventy school teams shared the activities of the League. The total number of boys who participated in these out-of-school games must approach the thousand mark, a fine achievement. The Town Team won the Welsh Schools Shield for the seventh time in succession.

In the English Schools Trophy Competition the Swansea Team earned further honours by reaching the Final Round, in which Ilford schoolboys emerged the winners by one goal, over home and away matches. As a result of the continued success of the Town Team the Association attained some measure of financial stability. The Committee was thus able to provide ten sets of jerseys, twenty dozen pairs of shorts and sixty footballs. Such expenditure makes heavy inroads on their finances. The Committee wish to make reference to the help received from the Director of Education, the Parks Superintendent, the Chairman and Directors of Swansea Town A.F.C., and to all those people who take an active interest in schools football.

The Organiser wishes to place on record his appreciation of the whole-hearted and unstinted efforts of the large number of teachers who gave so much time and thought to make successful these voluntary and independent out-of-school activities.